

☐ Copy accepted by client

☐ Copy kept by therapist

R. PATRICK SAVAGE, JR., PH.D., ABMP & Associates 17101 Thatcher Court Olney, MD 20832

Psychologist: MD# 2219 www.olneynorthbethesdapsychology.com

Telephone 301-587-2818

Consent to Disclose Protected Health Information

Patient N	lame:		Phone Home:	· ·	Office:		Other:	
Address	::							
			□ from	and/or □	to the following:			
(Name)		(Tel #.)		(Fax#)		E-mail		
	(Addı	ress)			* * * * * * * * * * * * * * * * * * * *		1 1 1 1 1 1 1 1 1	
Type: (F	Provide descripti	on of the informa	tion that you war	nt disclosed	l. Your description	should be a	s specific ar	nd detailed as possible:
	☐ Attendance ☐ Em. Adjust ☐ Medical Tests	☐ Termination ☐ Academic Issue ☐ Other:			rogress□ Results of F			al/Emotional Issues Data/Protocols (Psy/Nsy)
Purpose	e ("at the reques	t of the individual	" is all that is req	uired if you	are my patient and	d you do not	desire to sta	ate a specific purpose):
		□ Coordinate Care			request of the individu	al □ Confirn	n Termination	□Provide req records
organizathe auth to conte below. threater Addition written or informat If the auth	ations named. In a claim or if the st a claim. With The only excepting circumstance ally, I hereby instantion may be subtion may be subtion may be subtion.	However, my revolution was authorization was nout further notification to this sign ces should arise a struct persons receipt once released by a person	ocation will not by as obtained as a cation, permission ed consent for during my involve ceiving this information by my psychologure by the recipi	e effective a condition on to comm is in the rement with mation not gist he can be ent of your	to the extent that roof obtaining insurance unicate information instance that an amy psychologist of the totransmit the no longer protect the information and no	ny psycholo ance covera on expires o emergency or the perso received infi ne released o longer pro	gist has take ge and the inne year from situation inness or organi ormation fur information stected by the	d the other persons or en action in reliance on surer has a legal right on the date of signature volving imminently life zations cited above. ther without my explicit and the end of the
	Signatu	ure of client or leg	gal guardian			Date		
	Signatu	ure of client or leg	gal guardian			Date		
person's		esponses give m						My observations of this n is not fully competent
		Signature of their						

☐ Client refused to allow authorization