

Marc J. Coulter, LPC, CAC III, MAC

Authorization Form

This form, when completed and signed by you, authorizes me to release or receive protected information from your clinical record to or from the person or organization you designate.

I authorize Marc J. Coulter, to release and/or receive the following: (Provide description of the information that you want disclosed. Your description should be as specific and detailed as possible.)

This information should only be released to or received from the following: (Provide name, institutional affiliation, phone number and address of person/organization to whom the information is to be released.)

I am requesting my therapist to release or receive this information for the following reasons, and subject to the following limitations:

This Authorization shall remain in effect until (fill in expiration date) _____.

If this Authorization does not contain an expiration date, the Authorization expires 90 days from the date of my signature.

I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to my counselor's office address. However, my authorization will not be effective to the extent that the counselor has taken action in reliance on my authorization, or if this authorization was obtained as a condition of obtaining insurance and the insurer has a legal right to contest a claim. I understand that my counselor generally may not condition treatment services upon my signing an authorization unless the treatment services are provided to me for the purpose of creating health information for a third party. I understand that information used or disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient of my information and no longer protected by the HIPAA Privacy Rule. I also herewith release Marc Coulter from all liability for releasing such information.

Signature of Client (or parent/guardian)

Date

Name: _____

DOB: _____

If the authorization is signed by a personal representative of the patient, a description of such representative's authority to act for the patient must be provided.