



RELEASE OF INFORMATION AUTHORIZATION FORM

Patient Authorization for Use and Disclosure of Protected Health Information

By signing, I authorize **New Leaf Counseling** to use and/or disclose certain protected health information (PHI) about me to _____.

This authorization permits **New Leaf Counseling** to use and/or disclose the following individually identifiable health information about me (specifically describe the information to be used or disclosed, such as date(s) of services, type of services, level of detail to be released, origin of information, etc.):

- Date(s) of service(s)
- Type of service(s)
- Origin of information
- Emergency details only
- Limited information, such as diagnosis, treatment plan, basic therapeutic notes
- All relevant information pertaining to my treatment

The information will be used or disclosed for the following purpose:

- At the request of the individual patient
- To facilitate treatment by allowing communication between treatment providers
- Other (please describe): _____

The purpose(s) is/are provided so that I can make an informed decision whether to allow release of the information. This authorization will expire on:

- (enter date or defined event): _____
- One year from the date this release was signed

I do not have to sign this authorization in order to receive treatment from **New Leaf Counseling**. In fact, I have the right to refuse to sign this authorization. When my information is used or disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule. I have the right to revoke this authorization in writing except to the extent that the practice has acted in reliance upon this authorization. My written revocation must be submitted to:

Tanya Younce, M.Ed., PCC
New Leaf Counseling
7577 Central Parke Blvd, Ste. 221
Mason, OH 45040

Signed by: _____

Print Patient's Name: _____

Date: _____

Patient must keep a signed copy of this authorization form.