

Authorization for Disclosure of Psychotherapy Notes

I _____ hereby authorize
Stacey Laves-Khalifa MEd, LPC to use or disclose information from my
psychotherapy notes as described below:

The purpose for these disclosures would be for continuity of care, treatment, supervision, payment or insurance reimbursements, regular health care operations, notification and communication with family, required by law, public health, health oversight activities, judicial and administrative proceedings, law enforcement, deceased person information, research, public safety, specialized government functions, worker's compensation, appointments and alternatives and change of ownership.*

Date Signed

Client or Guardian Signature

Relation to Client

* Yes No (circle one)

I would like to receive a copy (a more detailed description of each form of disclosure) of Notice of Privacy Practices.