

170 SAN GABRIEL DRIVE, ROCHESTER, NY 14610
WEB: WWW.COOPERCOUNSELING.COM

PHONE: 585-235-7466
FAX: 585-424-3614

Authorization to Use/Disclose/Obtain Health Information:

I, _____
(print name) (address) (phone number)

← Enter your name here

give permission for use, disclosure and/or exchange of:

Mental Health/Psychiatric: Alcohol/Drug: Medical/Surgical:

information regarding: _____
(patient name) (date of birth)

← Enter your name and
DOB here

This information may be: released to: Received from used by

Name: _____
Address: _____
Phone #: _____

← Enter whom to release
records to and/or from

Purpose and need for use or disclosure

- Treatment
- Education
- Housing
- Disability Determination
- Legal Services
- Other _____

This information may be released by:

- Written
- Fax
- Court Testimony
- Verbal Exchange
- Electronic Information Exchange
- Other _____

Information to be used or disclosed shall include:

- Assessments
- Medical Information
- Other _____
- Treatment Plans
- Lab Test Results
- All
- Progress Reports
- History and Physical
- Discharge Summaries
- Psychiatric Information

I hereby declare that I am the Patient, Parent, Legal Guardian/Representative:

X _____
(patient signature) (date)

← Signature and date

(parent/guardian/significant other) (date)

(Witness) (date)

This authorization shall expire: One year from date of authorization, Other: _____

I understand that any health information disclosed pursuant to this authorization to any individual or entity that is not subject to State and Federal privacy laws and regulations may be subject to re-disclosure and may no longer be protected by State or Federal privacy laws and regulations. I also understand that I may revoke this authorization in writing at any time except to the extent that action has already been taken in reliance on it. To revoke this authorization, I must send written notification of my intent to revoke to Steven I. Cooper, LCSW, BCD. I understand that my treatment will not be conditioned upon my execution of this authorization unless the treatment being provided is research related and the health information is to be used for that research or the health care is being provided solely for the purpose of providing health information to a third party.