STEVEN I. COOPER, LCSW-R, BCD COUNSELING AND PSYCHOTHERAPY

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6800 PITTSFORD-PALMYRA RD, BLDG #100, STE #135 PHONE: 585-235-7466
WEB: WWW.COOPERCOUNSELING.COM FAX: 585-424-3614

Authorization to Use/Disclose/Obtain Health Information:

I, _____ ← **Enter your name here**
(print name) (address) (phone number)

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

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

information regarding:_____ ← **Enter your name and DOB here**
(patient name) (date of birth)

This information may be: released to: ☒ Received from ☒ used by ☐
Name:
Address:
Phone #:

Purpose and need for use or disclosure	This information may be released by:
☒ Treatment	☒ Written
☐ Education	☒ Fax
☐ Housing	☐ Court Testimony
☐ Disability Determination	☒ Verbal Exchange
☐Legal Services	☒ Electronic Information Exchange
☐ Other _____	☐ Other _____

Information to be used or disclosed shall include:

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

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

X_____ ← **Signature and date**
(patient signature) (date)

_____
(parent/guardian/significant other) (date)

_____
(Witness) (date)

This authorization shall expire: ☐ One year from date of authorization
☐ 90 days from date of authorization
☒ Other: expires 1 mth p/care is ended

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.. 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.