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Authorization to Release Healthcare Information to Parents, Guardians, or Other

Patient's Name: _____ Date of Birth: _____

I authorize Physician & Healthcare Consulting, LLC (Dr. Julie Rickard) to (choose one):

- RELEASE COMMUNICATE EXCHANGE information or records with:

Person's Name _____ Phone: _____ Fax: _____

Address _____

Relationship to Patient _____

Records to be Released (45 CFR § 164.508 (c)(1)(i)). (Check all That Apply)

- All Mental Health Records Recent Mental Health Visits (6 mths) Treatment Summary
Progress Notes Treatment Plan/Diagnoses
Procedure Reports Psychiatric/Psychological Evaluation Verbal Exchange
Other (including date range limitations): _____

Purpose for Disclosure: _____

This authorization shall remain in effect until: _____

I understand that I may revoke this authorization in writing at any time except to the extent that action has been taken in reliance upon this authorization (45 CFR § 164.508(c)(2)(i)). I understand that treatment or payment cannot be conditioned on my signing this authorization, except in certain circumstances such as for participation in research programs, or authorization of the release of testing results for pre-employment purposes (45 CFR § 164.508 (c)(2)(ii)). I understand that my records are confidential and cannot be disclosed without my written authorization except when otherwise permitted by law. Information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and no longer protected. I understand that the specified information to be released may include, but is not limited to: history, diagnosis, and/or treatment of drug or alcohol abuse, mental illness, or communicable disease, including Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) (45 CFR § 164.508 (c)(2)(iii)). If this 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.

Signature of Patient/Guardian

Date

Witness

Date