Tara Hodgens, LMFT
Licensed Marriage and Family Therapist
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MFC 43981
Individual, Couple,
Group & Family Therapy

AUTHORIZATION FORM FOR RELEASE OF INFORMATION

This form when completed and signed by you, authorizes me to release protected information from your (or if the patient is a minor, their) clinical record to the person you designate.

I authorize my therapist, Tara Hodgens, LMFT to **release the following:**

Patient Name: ____ DOB: _____________________________

This information should only be released to:
____
____

I am requesting my therapist to release this information for the following reasons, and subject to the following limitations:
____
____

This authorization shall remain in effect until: ____

I understand that I have the right to revoke or modify this authorization, in writing, at any time by sending written notification of that revocation or modification to my therapist's office address. However, my revocation or modification will not be effective until my therapist receives it.

I understand that my therapist generally may not condition mental health services upon my signing an authorization that would allow a disclosure of PHI that is not permitted as described in Sections I through III of the Notice form provided by my therapist, or a disclosure that is otherwise not permitted by law. I understand that even if the authorization would not involve impermissible disclosures, my therapist may not condition treatment upon my signing an authorization unless: 1) my treatment is related to research and the authorization is to allow the use or disclosure of PHI for that research; or 2) the mental health services are provided to me for the purpose of creating health information for a third party.

I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient of my information and may no longer be protected by the HIPAA Privacy Rule.

____ ____________________________
Signature of Patient (or parent/legal guardian if patient is a minor) Date