



Dan Hooley MA LCPC || 3758 East Amity Ave, Suite 101, Nampa, ID 83687

#### AUTHORIZATION TO USE & DISCLOSE PROTECTED HEALTH INFORMATION

Client \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

With my signature below, I authorize Dan Hooley MA LCPC of Dan Hooley Therapy to \_\_\_\_OBTAIN information from and/or \_\_\_\_DISCLOSE information to the following:

Person \_\_\_\_\_ Organization \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Relationship to Client \_\_\_\_\_

Information obtained/disclosed/discussed includes the following:

Assessment Evaluation  Treatment Plan  Notes  Treatment Status

Coordination of Care Information  Other

#### Other Information

I understand that I am not required to sign this authorization. If I refuse to sign this, it will not prevent me from getting mental health or drug/alcohol treatment at Dan Hooley Therapy. The only exception is if the services I am seeking are only for providing health information to someone else and this authorization is needed to make the disclosure.

I may revoke this authorization in writing any time. If I revoke this authorization, the information described may no longer be used or disclosed for the reason described here. If Dan Hooley Therapy has already used or disclosed information, that cannot be undone. To revoke this authorization, I can request the form from Dan Hooley Therapy.

I understand that the information used or disclosed as a result of this authorization may be subject to re-disclosure and no longer protected under federal law. However, I also understand that federal or state law may restrict re-disclosure of HIV/AIDS, mental health information, genetic testing information, and drug/alcohol diagnosis, treatment, or referral information.

Unless revoked, this authorization expires 90 days after the completion of treatment or \_\_\_\_\_.

My signature indicates that I have read and understand this document.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian/Representative Signature \_\_\_\_\_ Date \_\_\_\_\_