

**Krista Anderson Counseling**  
1710 N. 144 St. Omaha, NE. 68154- 402-706-1932

**Authorization for Use or Disclosure of Protected Health Information**

**So that I may release information:**

1. I hereby authorize **Krista Anderson Counseling** to release protected health information to the party listed below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for release of PHI: \_\_\_ Mental health evaluation, treatment or care

\_\_\_ Educational Program Planning

May information be exchanged verbally? \_\_\_ yes \_\_\_no

**So that I may obtain information:**

2. I hereby authorize the party named below to release protected health information to **Krista Anderson Counseling**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for release of PHI: \_\_\_ Mental health evaluation, treatment or care

\_\_\_ Educational Program Planning

May information be exchanged verbally? \_\_\_ yes \_\_\_no

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**Information to be released:**

- |   |                               |
|---|-------------------------------|
| ___ Medical history and evaluation(s)   | ___ mental health evaluations |
| ___ Developmental and/or social history | ___ Educational records       |
| ___ Treatment history                   | ___ other: _____              |

**Treatment dates requested:** \_\_\_\_\_

**Please send requested records to:** Krista Anderson Counseling, 1710 N. 144 Street, Omaha, NE 68154-4715

**By signing below, I agree to the following statements:**

- I understand that my records are protected under HIPAA regulations and I have been given an explanation of the consequences and implications of their release.
- I understand this authorization is voluntary.
- I understand I may revoke this authorization in writing within 90 days from the date signed. However, any records obtained prior to the revocation will be deemed authorized by me for release.
- **I understand this authorization will expire 360 days from the date signed.**

\_\_\_\_\_  
**Print Name of Responsible Party**

\_\_\_\_\_  
**Signature of Responsible Party**

\_\_\_\_\_  
**Date signed**

\_\_\_\_\_  
**Signature of Witness**

\_\_\_\_\_  
**Date signed**