Amber Fry Counseling, PC

*1710 N. 144 Street * Suite 4 * Omaha, NE. 68154-4715*
phone: 402.315.3522

Authorization for Release of Protected Health Information (PHI)

So that I mav release information:

1. I hereby authorize **Amber Fry Counseling, PC** 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 mav obtain information:

2. I hereby authorize the party named below to release protected health information to **Amber Fry Counseling, PC**

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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Client Name:______________________ **Client DOB:**______________________

Treatment dates requested: ______________________________

Information to be released:

___ Medical history and evaluation(s) ___ mental health evaluations

___ Developmental and/or social history ___ Educational records

___ Treatment history ___ other: ________________

Please send requested records to: Amber Fry Counseling, PC
1710 N. 144 Street * Suite 4
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**