

Lewis Consulting Services, PA

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(919) 622-1303

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ voluntarily authorize Lewis Consulting Services, PA to:

(print full name here)

- Release records/information concerning my mental or medical health, or my legal case to:
 Release records/information concerning my child's mental or medical health, or legal case to:

 Obtain records/information concerning my mental or medical health, or my legal case from:
 Obtain records/information concerning my child's mental or medical health from:

name phone number

address city state zip

This authorization shall be in effect for the time period of one year or until: _____

The specific and relevant information I wish to have released is:

- dates of appointments only diagnosis and/or focus of services
 summary of previous treatment summary of services
 all records psychological assessment report
 other (specify): _____

I am requesting the release of this information for the following reasons:

- the request of the individual coordination of care coordination of health benefits

The specific manner in which this information may be released include (check all that apply):

- telephone facsimile email mail

I understand the information to be released, the need for this information, and that it may include information regarding: drug abuse, alcohol abuse, psychological or psychiatric impairments, hiv/aids and physical conditions. I understand that information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient of your information and no longer protected by the HIPAA Privacy Rule.

This consent is completely voluntary. I understand that I may revoke consent at any time by written request, except to the extent that action based on this consent has been taken or if this authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

signature date

printed name signature of witness date

NOTICE TO ANY PARTY RECEIVING CONFIDENTIAL INFORMATION

This information has been disclosed to you from records whose confidentiality is protected by federal and state law. Regulations may prohibit you from making further disclosure of this information without the prior written consent of the person to whom it pertains.