

CONSENT TO RELEASE AND/OR EXCHANGE OF INFORMATION

For the Practice of Dr. Amy Lynn Fehlberg, PLLC

Client Last Name: _____ First: _____ Birthdate: _____

In signing this form I give consent for employees of Dr. Amy Lynn Fehlberg, PLLC and _____ to release and/or exchange the following information contained in my client records under the following conditions with the individual/organization stated below:

Information to be Released and/or Exchanged (initial all that you agree to):

_____ Entire Record	
	-----or-----
_____ Attendance	_____ Diagnosis
_____ Drug/Alcohol History	_____ Prognosis
_____ Psychological Testing	_____ Treatment Summary
_____ Other: _____	

Conditions (initial all that you agree to):

_____ All Conditions	
	-----or-----
_____ Letter	_____ Copies of session notes
_____ Email	_____ Copies of progress notes
_____ Via phone conversation	_____ Copies of Treatment Summaries
_____ Via peer consultation	
_____ Other: _____	

Individual/Organization:

Name: _____ Phone: _____

Address: _____

Email: _____ Fax: _____

This information is requested to be released for the purpose of:

Unless otherwise specified, this Consent to Release and/or Exchange of Information will expire 90 days after the termination of services. Prior to that time, consent may be revoked in writing. I understand that I am releasing Dr. Amy Lynn Fehlberg, PLLC (dba Shoreline Psychology), _____, and their employees from any legal responsibility for the release and/or exchange of information indicated above.

I understand that my request to revoke this consent will not be in effect to the extent that information has already been disclosed as a result of this consent, or if this consent was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim under that insurance coverage.

I understand that information used or disclosed as a result of this consent may be subject to re-disclosure by the recipient of my information and is no longer protected by the HIPAA Privacy Rule. In consideration of this consent, I hereby release the above parties from any legal liability for the release and/or exchange of this information.

Client Signature (Parent/Guardian Signature if Minor)

Date

Witness Signature

Date