



MARITA BETH EARLE, M.A., L.M.F.T.

Release of Information

I, _____, born on __/__/__, authorize Marita Beth Earle, MA, LMFT at Middle TN Therapy to:

- Disclose to Obtain from

Name:

Address:

Phone:

Fax:

- Electronic Oral Written

The following information:

Initial all that apply

Table with 3 columns: Presence in treatment, Medical history/current status, Legal status, Progress in treatment, Bio psychosocial assessment, Family information, Treatment Plans, Laboratory test results, Discharge planning, Aftercare recommendations, Insurance/Financial Information, Other, Discharge summary, Employment information.

Reason for release of information:

(Under the Mental Health Code, release of mental health records must be germane to the purpose and need for disclosure.)

- Continuity of treatment - Patient history - Case Management services
Emergency contact - General Updates
Court services - Legal purposes - Probation - Disability claiming - Unemployment claiming - Employment continuity
Other:

I understand that my records are protected under Federal Confidentiality regulations (42 CFR Part 2) published August 10, 1987, and the Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191), 42 U.S.C. Section 1320d, et. Seq. and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand that my medical record may contain information concerning my psychiatric, psychological, drug or alcohol abuse, HIV/Acquired Immune Deficiency Syndrome (AIDS) and/or related conditions.



MARITA BETH EARLE, M.A., L.M.F.T.

Release of Information

I understand that I may revoke this authorization at any time upon verbal and/or written notice to Middle TN Therapy. I acknowledge that such revocation will not be effective if Middle TN Therapy has already acted in reliance upon this authorization.

This authorization is valid (if not previously revoked) and this consent will terminate upon 365 days from the date of signature of this form, or the completion of treatment, or at the time of the final insurance billing, as the case may be, whichever is later.

Prohibition on Re-disclosure

This information has been released from records protected by Federal Confidentiality rules (42 CFR part 2). The Federal rules prohibit making any further disclosure of this information by 42 CFR part 2.

(Patient)

___/___/___ (Date signed)

Marita Beth Earle, MA, LMFT

This form expires on ___/___/___