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Authorization for Use or Disclosure of
Protected Health Information

Patient Information

_____	_____	_____
First Name	Middle Name or Initials	Last Name
_____	_____	_____
Date of Birth	Phone	Email Address

Home Address:

Recipient Information

I, _____, do hereby authorize Elizabeth Anderson, LMFT to release a copy of my mental health information to the person or facility below.

Name of person/ facility to receive medical information:

Phone: _____

Address: _____

Date of Authorization: ___/___/___

Authorization Expires On: ___/___/___ or upon the happening of the following event:

Information to be Released (Note: Requests for release of psychotherapy notes cannot be combined with any other type of request.)

- My entire mental health record
- Only those portions pertaining to: _____

Authorization for Psychotherapy Notes ONLY (Important: If this authorization is for Psychotherapy Notes, you must not use it as an authorization for any other type of protected health information.)

Other: _____

Purpose of Information Release

- Further mental health care
- Legal Investigation
- Vocational, rehab, evaluation
- At the request of the individual
- Payment of insurance claim
- Applying for insurance
- Disability Determination

Other (Please Specify): _____

Authorization and Signature

I authorize the release of my confidential protected health information, as described in my directions above. I understand that this authorization is voluntary, that the information to be disclosed is protected by law, and the use/disclosure is to be made to conform to my directions. The information that is used and/or disclosed pursuant to this authorization may be re-disclosed by the recipient unless the recipient is covered by state laws that limit the use and/or disclosure of my confidential protected health information.

Signature

Date

If signed by a personal representative:

(a) Print your name: _____

(b) Indicate by circling your relationship to the patient and/or reason and legal authority for signing:

Patient is:

- minor
- incompetent
- disabled
- deceased

Legal authority:

- parent
- legal guardian
- representative of deceased