

## Gibson Psychological Services LLC

### Authorization for the Release of Confidential Information

This form, when completed and signed by you, authorizes me to release protected information from your clinical record to the person or entity you designate. You may also permit me to obtain information from another person or agency.

I, \_\_\_\_\_, (date of birth) \_\_\_\_\_,

authorize Andrew S. Gibson, Ph.D., to

\_\_\_\_\_ Provide information to **Person or Agency:** \_\_\_\_\_

\_\_\_\_\_ Receive information from **Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**The information being released includes:**

_____ confirmation of services received	_____ Diagnosis
_____ treatment history/progress update	_____ Treatment Referral
_____ HIV/AIDS related records	_____ Intake/Termination/Treatment summary
_____ <b>All records</b>	Other: _____

**Purpose of release of information:**

_____ documenting receipt of services	_____ continuity of care
_____ safety planning/risk management	
_____ intake/termination/treatment	other: _____

This authorization will remain in effect for one year of sign date or until: \_\_\_\_\_

By signing this you understand that you have the right to revoke this authorization, in writing, at anytime by sending notification to the office address of Gibson Psychological Services LLC. Note that this revocation will not be effective if the authorization was obtained as a condition of insurance coverage and the insurer has a legal right to the claim, and that it will not be effective for actions taken prior to the requested revocation. You have also been made aware of your right to confidential communication with your psychologist. I understand that information used or disclosed as indicated in this release may be subject to nondisclosure by the recipient of your information and is no longer protected by privacy laws.

\_\_\_\_\_  
Printed Name of Client

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (if applicable)

\_\_\_\_\_  
Date