



BEHAVIORAL HEALTH

5539 S. 27th St., Suite 104
Lincoln, NE 68512

Authorization to Release and/or Receive Information

Name of Patient: _____

DOB: _____

Address: _____

I request and authorize Kendra J. Hubbard, MS, LIMHP to release and/or receive information:

Name of Individual/Provider/Agency

Address, Phone/Fax Number, and/or Email Address

<input type="checkbox"/> Medical History	<input type="checkbox"/> Mental Health/Social History	<input type="checkbox"/> Medication Information	<input type="checkbox"/> Legal Documents
<input type="checkbox"/> Psychological Evaluation	<input type="checkbox"/> Treatment Plan(s)	<input type="checkbox"/> Academic Records	<input type="checkbox"/> Entire Record
<input type="checkbox"/> Psychiatric Evaluation	<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> Hospital Records	<input type="checkbox"/> Open Communication
<input type="checkbox"/> Other (please specify):			

Information Requested (please check):

Information may be used for evaluation, treatment, educational planning, follow-up, continuity of care, and/or for further medical treatment. This authorization is good for one year from the date signed or for _____ days. I have reviewed this authorization form and confirm that it reflects my wishes to release/receive protected healthcare information. I understand that any disclosure of information carries the potential for unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. By signing this document, I release Kendra J. Hubbard, MS, LMHP from any liability resulting from this disclosure. I also have the right to revoke this authorization at any time and must do so in writing to the office manager at Catalyst Behavioral Health. I further understand that actions already taken based on this authorization, prior to revocation, will not be affected. A photocopy or fax of this document shall have the same effect as the original.

Signature of Patient/Legal Representative

Witness

Date Document Signed