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AUTHORIZATION FOR RELEASE OF MENTAL HEALTH INFORMATION

I hereby authorize Marian Zimmerman, Ph.D. to disclose the individually identifiable health information as described below, which may include psychotherapy notes. I understand that this authorization is voluntary and I may refuse to sign this authorization. I further understand that my health care and the payment for my health care will not be affected if I do not sign this form. I also understand that if I do not sign this form, federal and state law will prohibit Dr. Zimmerman from releasing records regarding her treatment of me/my child to the designated Recipient.

I understand that if the recipient is authorized to receive the information is not a covered entity, e.g. insurance company or health care provider, the released information may no longer be protected by federal and state privacy regulations.

_____

Print Patient Name Date of Birth Social Security Number

Date(s) of service (if known): _____

Description of information to be released: (check all that apply)

____ Entire Record
_____ Billing Records
_____ Psychotherapy Notes
____ Other: _____

_____ Evaluation Reports
_____ Consultation Notes

Description of the purpose of the use and/or disclosure: _____
_____

The individually identifiable health information described herein shall be released to:
_____

I intend for this Authorization to remain in full force and effect until I revoke it in writing. Further, it is my intent that a copy of this Authorization shall have the same effect as the original.

I further understand that I may revoke this authorization at any time by notifying Dr. Zimmerman in writing at 3550 Parkwood Blvd, Suite 306, Frisco, TX 75034. I also understand that the written revocation must be signed and dated with a date that is later than the date on this authorization. The revocation will not affect any actions taken before the receipt of the written revocation.

_____ _____
Signature of Client or Client's Representative Date

_____
Printed Name of Client or Client's Representative

_____ or _____
Relationship to Client Legal Authority (attach documentation)