

Nani Waddoups, LPC
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Portland, OR 97214
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Authorization for Release & Exchange of Confidential Information

Client Name: _____ Date of Birth: _____

I authorize the release/exchange of information from/with:

Name: _____

Address: _____

Phone: _____

I specifically authorize the exchange, either verbally or written, of the following information:

- | | |
|--|--|
| <input type="checkbox"/> Intake Information | <input type="checkbox"/> Recommendations |
| <input type="checkbox"/> Mental Health Information | <input type="checkbox"/> Diagnosis & Prognosis |
| <input type="checkbox"/> Progress Notes | <input type="checkbox"/> Psychological Testing |
| <input type="checkbox"/> Treatment Plans | <input type="checkbox"/> Other: _____ |

I authorize this release and exchange of information for:

- Treatment planning Continuity and/or coordination of care

I hereby release Nani Waddoups, MA from all legal responsibilities or liability that may arise from the use or disclosure of medical records or other health information in reliance on this authorization.

- Expiration:** I understand that unless I revoke this authorization earlier, it will automatically expire in 180 days, or according to the relevant state or federal law, from the date this authorization is signed.
- Re-disclosure:** I understand that information used or disclosed in accordance with this authorization may no longer be protected by federal law, and could be used or redisclosed by the receiving party.
- Refusal to sign:** I understand that I may refuse to sign this authorization and that Nani Waddoups, LPC will not condition treatment on whether I sign this authorization.
- Certification:** I certify that I am (check whichever applies):
 - The client
 - The client's authorized representative. Relationship: _____
- Revocation:** I have the right to stop the use or release of information at any time, although I understand that I cannot do anything about information already used or disclosed under this authorization.
- Copy:** I understand that I will receive a copy of this completed form upon request.

Client Signature: _____ Date: _____

Counselor Signature: _____ Date: _____

Nani Waddoups, LPC