

Virginia Rockhill, Ph.D.
Licensed Psychologist
virginia@yourpersonaltherapist.com
92 Merrill Road Pittsburg, NH 03592 ph. 888-901-6001 fax 603-538-1187

Authorization for the Release of Protected Health Information

Name: _____ DOB: _____

Address: _____

I authorize Dr. Virginia Rockhill to release the following information about myself or my child/ren to:

Intake & Discharge Summaries _____ Drug/Alcohol information _____

Diagnoses/Treatment Plans _____ Medication evaluations _____

Progress Notes _____ Psychological evaluations _____

Other _____

Period of authorization: _____

Purpose for release of information: Court-ordered evaluation _____

Treatment _____

Other _____

Please initial:

_____ I understand that my private health information is protected under the Federal regulations governing Confidentiality of alcohol and drug abuse records (42 CFR Part 2) and the HIPPA Act of 1996, (45 CFR Parts 160 & 164). I specifically authorize release of drug, alcohol, mental health, medical and HIV-related information. I authorize release of all information pertaining to inpatient or outpatient treatment for these conditions.

_____ I authorize the verbal exchange of information between Virginia Rockhill, Ph.D. and the above named individual, organization or agency.

I understand that:

- 1 Information may be released which is necessary to fulfill the stated purpose of this authorization;
- 2 Release of information may result in advantages or disadvantages to myself;
- 3 Consent for this release is a prerequisite for evaluation or treatment;
- 4 This authorization may be revoked at any time, except to the extent that action has been taken or information disclosed prior to the date of revocation;
- 5 A Photostatic or faxed copy of this authorization shall be considered as effective and valid as the original.

I hereby give this consent freely and voluntarily and acknowledge an expiration date of twelve (12) months from the date of my signature.

Signature of Patient Date

Signature of Parent, Guardian, Witness Date
if applicable