Christine Dievendorf Weiss, PLLC

5400 Holiday Terrace 200A
Kalamazoo, MI 49009-2161
269-520-0050

Client Legal Name - First, Last

Date of Birth

I authorize Christine Dievendorf Weiss, PLLC:

- [ ] To Send
- [ ] To Receive
- [ ] Both Send and Receive

The following information:

- [ ] Any/All Records
- [ ] Developmental and/or social history
- [ ] Progress notes
- [ ] Treatment Summary
- [ ] Evaluation Summary
- [ ] Other

Approved/Requested Outside Party:

Outside Party's Name

Phone #

E-Mail

Fax #

Address

Your relationship to client:

New Checkbox List

- [ ] Self
- [ ] Parent/Legal Guardian
- [ ] Personal Representative
- [ ] Other

The above information will be used for the following purposes:

- [ ] Coordination of treatment or program
- [ ] Determining eligibility for benefits or program
- [ ] Sharing billing or payment information
- [ ] Referral to a provider
- [ ] Other

I understand that his information may be protected by Title 42 (Code of Federal Rules of Privacy of Individually Identifiable Health Information, Parts 160 and 164) and Title 45 (Federal Rules of Confidentiality of Alcohol and Drug Abuse Patient Records, Chapter 1, Part 2), plus applicable state laws.

I further understand that the information disclosed to the recipient may not be protected under these guidelines if they are not a health care provider covered by state or federal rules.

I understand that this authorization is voluntary, and I may revoke this consent at any time by providing written notice, and after (some states vary, usually 1 year) this consent automatically expires. I have been informed what information will be given, its purpose, and who will receive the information.

I understand that I have a right to receive a copy of this authorization.

I understand that I have a right to refuse to sign this authorization.

If you are the legal guardian or representative appointed by the court for the client, please attach/provide a copy of that documentation to this authorization to receive this protected health information.

Signature

Date

mm/dd/yyyy

Witness Signature (if client is unable to sign)

Witness Date

mm/dd/yyyy