



Dr. Gary Grogan
 Licensed Psychologist
 Phone (208) 724-0489
 Fax (844) 247-3478

**Lewiston
 Psychology
 Associates**

307 19th Street, Suite A1
 Lewiston, ID 83501

AUTHORIZATION FOR RELEASE OF INFORMATION

Name of Client (Last, First, Middle Initial)		Birth date:	Phone #:
Address:		City:	State: Zip Code:
I Hereby Authorize A Mutual Exchange of Information Between:			
Lewiston Psychology Associates			
And:			
Phone: _____		Name/ Agency: _____	
Fax: _____		Address: _____	
The Following Information may be exchanged or shared: (Please initial each)			
<input type="checkbox"/> Assessment	<input type="checkbox"/> Recommendations	<input type="checkbox"/> Treatment Involvement	<input type="checkbox"/> Legal History Records
<input type="checkbox"/> School records	<input type="checkbox"/> Court/Progress Reports	<input type="checkbox"/> History and Physical	<input type="checkbox"/> Lab Results
<input type="checkbox"/> Diagnosis	<input type="checkbox"/> Reports to Court	<input type="checkbox"/> Treatment Planning	<input type="checkbox"/> Prescription History
<input type="checkbox"/> Discharge Plan	<input type="checkbox"/> Referral purposes	<input type="checkbox"/> Collaboration	<input type="checkbox"/> Other: Case Notes
The Information requested will be used for:			
_____			_____ (Client Initial)
Client Consent:			
This authorization is voluntary and remains in effect for one year from signature date, unless specifically revoked by written notice to the Agency/person. Any information released prior to the written revocation of this Authorization shall not be a breach of confidentiality. A photocopy of the Release is as effective as the original.			
Signature of Client: _____		Date: _____	
Signature of Parent/Guardian: _____		Date: _____	
<input type="checkbox"/> Check if Applicable- NOTICE TO WHOMEVER DISCLOSURE IS MADE CONCERNING ADDICTION RECORDS This information has been disclosed to you from records protected by Federal Confidentiality Rules (42 CFR Part 2). <u>The Federal Rules prohibit you from taking any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertain or as otherwise permitted by 42 CFR Part 2.</u> A general authorization for the release of medical or other information is NOT sufficient for the purpose. The Federal Rules restrict any use of the information to criminally investigate or prosecute any alcohol or other drug abuse patient.			