Debbie Ennis

P.O. Box 53, Barre, MA 01005
978-257-8062

Release of Information

☐ I authorize: (name of person) ________

from/of (name of facility): ________

located at address/phone: ________

to disclose my information to Debbie Ennis, LICSW as described below.

☐ I authorize *Debbie Ennis, LICSW* to disclose my information to the above named person/facility as described below.

☐ I authorize this information to be faxed. (*Initials of client must appear here.* ____)

☐ I do not authorize (or revoke) the release of information as described below. I understand that in an emergency situation my provider may exchange information about me to the extent allowed by law.

Client Name: ________ DOB: ________ Telephone #: ________

Information related to the consumer named above to be released for the purpose of continuity of care:

☐ Discharge Summary ☐ Psychiatric Consultations ☐ History of Treatment
☐ Psychological Report ☐ Last Treatment Plan ☐ Current Medications
☐ Evaluation Summary ☐ Dates of attendance **(For PCP most recent visit.)**
☐ Other (**Any relevant information that will assist me in my treatment with this client.)**

I understand I may revoke this consent at any time by notifying Debbie Ennis, LICSW in writing. My revocation will not affect information given prior to my signed revocation. If I do not revoke this consent, it will automatically expire 6 months from the date of my signature. I understand that this request shall operate as a release of liability to Debbie Ennis, LICSW for the release of information authorized herein. I understand the terms of this authorization are governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA, 45 CFR Parts 160 and 164). I understand that any disclosure of information carries with it the potential for an unauthorized redisclosure and the information may not be protected by HIPAA.

________ Client's Signature (*If age 18 or older*)

________ Date

________ Parent/Guardian Signature (*If younger than 18.*)

________ Date

________ Witness Signature

________ Date