Jennifer Danhauser, LPC

Authorization for Release of Information

565 University Avenue, Suite #4
Fairbanks, AK 99709
907-978-4978

Client Name:	Date of Birth:
Social Security Number:	

I hereby authorize Jennifer Danhauser, LPC to: (Initial one or both)

Release Information to:_____ **Obtain Information from:_____**

Person/Agency: _____
Address:_____
City/State/Zip:_____
Phone#:_____Fax#:_____

Purpose of Disclosure *(Please Initial)*	**Information Requested** *(Please Initial)*
_____Treatment Planning	_____Verbal Information
_____Continued Treatment	_____Outpatient Records
_____Coordinate Treatment	_____Psychiatric Records
_____Personal Use	_____Alcohol/Drug Records
_____Legal Use	_____Medical Records
_____Employment/Benefit	_____Other (specify below):
_____Assistance	_____
_____Billing/Insurance	_____
_____Other (specify below)	_____
_____	_____
_____	

If you want to specify, please write out the dates of Information to be Released:

From: _____To: _____

1) My authorization is given voluntarily in writing for the above stated purpose(s) and will remain in effect for **ONE YEAR** from the date of signature OR through _____(up to one year).
2) I understand that by not signing this authorization it will not affect my treatment or payment for services provided by Jennifer Danhauser, LPC.
3) I may revoke (stop) this authorization at any time in writing, although it will not change any action taken between the date of original authorization and date the revocation is received by Jennifer Danhauser, LPC.
4) I may inspect or copy information to be used or disclosed pursuant to this authorization, copying fees may apply.
5) I am entitled to receive a copy of this authorization
6) I understand information released through this authorization might be re-disclosed by the recipient and may no longer be protected by Federal/State privacy regulations.

Client/Legal Representative_____ **_____** **Date_____**
(signature) **(If client not signing, indicate representative's authority to act on client's behalf)**

Witness_____ **_____** **Date_____**
(signature) **(print name here)**