Lewis Consulting Services, PA
Discover Solutions, Feel Better

201 Shannon Oaks Circle, Suite 200 *www.discoverlcs.com*
Cary, NC 26511 **(919) 622-1303**

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ voluntarily authorize Lewis Consulting Services, PA to:
(print full name here)

__ Release records/information concerning my mental and/or medical health, or my legal case to:

__ Obtain records/information concerning my mental and/or medical health, or my legal case from:

_____
name phone number

_____
address city state zip

This authorization shall be in effect for the time period of one year or until: _____

The specific and relevant information I wish to have released is:

___ dates of appointments
___ summary of previous treatment
___ referral letter
___ all records
___ other (specify): _____
___ diagnosis and/or focus of services
___ discharge summary
___ intake evaluation report
___ psychological assessment report

I am requesting the release of this information for the following reasons:
___ the request of the individual ___ coordination of care ___ coordination of health benefits

The specific manner in which this information may be released include (check all that apply):
___ telephone ___ facsimile ___ email ___ mail

I understand the information to be released, the need for this information, and that it may include information regarding: drug abuse, alcohol abuse, psychological or psychiatric impairments, hiv/aids and physical conditions. I understand that information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient of your information and no longer protected by the HIPAA Privacy Rule.

This consent is completely voluntary. I understand that I may revoke consent at any time by written request, except to the extent that action based on this consent has been taken or if this authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

_____
signature date

_____ _____
printed name signature of witness date

NOTICE TO ANY PARTY RECEIVING CONFIDENTIAL INFORMATION

This information has been disclosed to you from records whose confidentiality is protected by federal and state law. Regulations may prohibit you from making further disclosure of this information without the prior written consent of the person to whom it pertains.