Kathryn Hoy Leugers, Psy.D., MBA
Kathryn H. Leugers, Psy.D., LLC
130 C Northwoods Blvd.
Columbus, OH 43235
Telephone: 614-344-8504
Fax: 614-846-1849

AUTHORIZATION TO RELEASE INFORMATION

This form when completed and signed by you, authorizes me to release protected health information from your (or your child's) records to the person and/or group (physician's office, etc.) that you designate.

I authorize **Kathryn H. Leugers, Psy.D., LLC** to release the following kinds of information concerning:

X_____ **DOB:** _____
(**Please Print Client's Name)**

O All Records O Only This Information: _____

This information should be released to: _____

_____

Address: _____

_____

_____

Office Phone: _____

Direct Line: _____

Fax: _____

E-mail: _____

O I also authorize **the designated individual and/or group named above** to provide to **Kathryn H. Leugers, Psy.D., LLC** with the following kinds of information concerning the client indicated above.

O All Records O Only This Information: _____

I am requesting **Kathryn H. Leugers, Psy.D., LLC** to release this information for the following reasons: **at the request of the individual unless another specific reason is indicated below.**

_____

This authorization shall remain in effect for **<u>One Year</u> unless an expiration date OR date of an event that relates to the individual or purpose of the use or disclosure is noted here:** _____

You have the right to revoke this authorization, in writing, at any time by sending such written notification to my office address. However, your revocation will not be effective to the extent that I have taken action in reliance on the authorization or if this authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

I understand that information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient of your information and no longer protected by the HIPAA Privacy Rule.

_____ _____
Client Signature Date

_____ _____
Legal Guardian/Parent Signature (if applicable) Date

_____ _____
Witness Signature Date