

Kerry Billingham, MS, LMHC

Individual & Family Therapist

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Release of Information Consent

This consent is between Kerry Billingham and:
Name
Agency
Address
City, State, Zip
Phone Number
Fax Number

Regarding:
Client Name:
Date of Birth
Medical Record Number

For the purpose of: Facilitating treatment and continuity of care or Other: _____

Check here if this Release is for Verbal Only.

Written documentation being REQUESTED by Kerry Billingham
<input type="checkbox"/> Progress Notes
<input type="checkbox"/> Treatment Plans
<input type="checkbox"/> History & Physical Exam
<input type="checkbox"/> Psychiatric Evaluation
<input type="checkbox"/> Psychological Evaluation
<input type="checkbox"/> Psychosocial/Intake Assessment
<input type="checkbox"/> Discharge Summary
<input type="checkbox"/> Educational Records
<input type="checkbox"/>

Written documentation being RELEASED by Kerry Billingham
<input type="checkbox"/> Progress Notes
<input type="checkbox"/> Treatment Plan
<input type="checkbox"/> Diagnosis
<input type="checkbox"/> Psychosocial/Intake Assessment
<input type="checkbox"/> Discharge Summary
<input type="checkbox"/>

I understand that:

1. These records may contain information relating to Behavioral, Mental Health treatment, Drug/Alcohol abuse, HIV/AIDS or Sexually Transmitted Disease. I give my specific authorization for these records to be released. _____
2. My treatment is not conditional to the signing of this authorization. {45CFR 164.508}
3. Any disclosure of information carries with it the potential for further release or distribution by the recipient that may not be protected by federal confidentiality rules.
4. I can cancel this authority, IN WRITING, at any time, to the extent that action has already been taken. Unless I cancel earlier, this authorization will expire one year from my signature date (or) on this specific date _____.
5. Exception: If client information is to be released to an employer or financial institution, this authorization is valid for only 90 days from signature date.

Client Signature

Date

Parent/Guardian Signature (if under 13)

Date