

Adrienne Levy, MA, MFT
2551 State Street, Suite 226
Carlsbad, CA 92008
760-720-5320

Authorization for Release or Exchange of Protected Health Information (PHI)

Print Client's full name

Date of birth

Address

Phone Number

I (We) authorize the use and/or disclosure of protected health information (PHI) contained in my (our) clinical and billing records to be shared between the above named therapist, Adrienne Levy, MFT and:

Facility/Provider

Address

Phone number

Types of information that may be shared include:

_____ Medical History _____ Educational _____ Legal Issues

_____ Diagnosis _____ Psychological Testing _____ Mental Health Evaluation

_____ Treatment goals and objectives _____ Drug or alcohol treatment history

_____ Employment _____ Housing _____ Family History

_____ Other _____

Disclosure of this information is necessary for the following purpose:

A photocopy or fax of this release shall have the same force and effect as the original.

