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Eagle River, AK 99577
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Authorization to Use and Disclose Health Information

Notice: This request is not valid unless all requested information is provided.

Patient Identification:

Printed Name: _____ Date of Birth: _____

Name of Parent/Guardian: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Release To/From: Name: _____ Phone: _____

Address: _____

Release To/From: **The Talking Place, Child & Adolescent Counseling, LLC** Phone: (907) 206-6433

Address: 17101 Snowmobile Ln Suite 109 Eagle River AK 99577 Fax: (907) 759-5170

Information To Be Released:

*** Please INITIAL each line ***

- Diagnosis/ Procedure Note
- Social History
- School/Vocational/Work Information
- Communication; verbal, written, electronic
- Insurance and Patient Billing

*** Please INITIAL ***

Receive By: _____ Mail, Fax, Pick up, Oral Exchange ,E-mail

*** Please INITIAL each line ***

Purpose of Request: _____ Treatment _____ Insurance

Terms:

I understand that authorizing the disclosure of the above information is voluntary and I need not sign this form to ensure treatment. I understand that the information in my health record may include records relating to sexually transmitted diseases, drug and/or alcohol abuse treatment, psychiatric care or other sensitive information.

Expiration & Right to Revoke Authorization:

Except to the extent that action has already been taken in reliance on this authorization I may revoke this release in writing at any time by submitting a notice in writing. Unless revoked earlier, this authorization is valid for one year from the date below and must be renewed for use beyond that time. I understand that this information will be shared for professional use only and that confidentiality will be maintained.

Re-disclosure:

I understand that once the above information is disclosed, it may be subject to re-disclosure by the recipient and no longer protected by federal privacy laws or regulations.

Signature of Client or Guardian

Date

The Talking Place, Child and Adolescent Counseling, A Professional Corporation
17101 Snowmobile Lane Suite 109, Eagle River, AK 99577-7043
NPI: 1134376478 TIN: 262855590

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