Authorization to Release Information

David J Kosins PhD
Licensed Psychologist

Client Name	Client Date of Birth	Date authorization is initiated

This is to authorize that the information below regarding the above person be disclosed between:

David J. Kosins, Ph.D.
318 W. Galer St., Suite 201
Seattle, WA 98119
Phone: (206) 285-0900

and

_____
Person or Facility

_____
Street

_____
City State Zip

_____
Phone

This authorization shall remain in effect until: _____ (Fill in an expiration date or an event that relates to the purpose of the disclosure.) ___ Termination of Services ___ Other (please specify) _____

If this authorization does not contain an expiration date or event, it expires 90 days from the date of my signature.

Specific information to be disclosed:

❑ Intake Evaluation	❑ Psychiatric Evaluations	❑ Laboratory Results
❑ Discharge Summary	❑ Psychological Evaluations	❑ Progress Note
❑ Treatment Plan	❑ Medical History	❑ Other: _____
❑ Medications	❑ Medical Diagnosis	❑ Other: _____

I understand that my records may contain information relating to my mental health issues. I also understand that my written consent is required to release any health care information relating to testing, diagnosis, and/or treatment for HIV (AIDS virus), psychiatric disorders/mental health, and/or drug and/or alcohol use. If I have been tested, diagnosed, or treated for any of these things, you are specifically authorized to release all health care information relating to such diagnosis, testing, or treatment. This authorization prohibits further use of disclosure of the information being released beyond the specific limits of this consent. I understand that I may cancel authorization at any time, except to the extent that the action has already been taken. I understand that information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient of my information and no longer protected by the HIPAA Privacy Rule.

Signature of Client: _____ Date: _____

Note: A photocopy or facsimile of this authorization shall be considered in lieu of the original.