

Authorization to Release Information

I, _____, hereby authorize Phil Ginsburg, M.A., LPC, LMFT, LCDC, and NCC to release information to, or obtain information from:

(PRINT NAME, PHONE NUMBER AND ADDRESS OF OTHER[S])

regarding: myself as patient, or (PRINT PATIENT'S NAME) _____, as patient for whom I am parent, legal guardian, or authorized representative.

Patient's date of birth is _____

Information authorized for release is:

Any and all psychological/medical information, billing records, medical records, facts, reports, notes, history, professional opinions, psychotherapeutic treatment or counseling, testing, or records of others relating to the patient's medical, psychological, counseling, alcohol use, drug use, vocational, and educational...background, conditions, and behavior.

I understand that Phil Ginsburg, M.A., LPC, LMFT, LCDC, NCC will use any and all such information received only in my (or patient's) evaluation, assessment, diagnosis, prognosis and treatment. I also understand that Phil Ginsburg, M.A., LPC, LMFT, LCDC, NCC has no control over how "Other(s)" use information released to them.

I understand that I may revoke this authorization at any time except to the extent that action has been taken in reliance thereon. Unless expressly revoked, this authorization becomes effective immediately and shall remain in effect for one year after the signature date below. Revocation shall be in writing with proof of receipt by Phil Ginsburg, M.A., LPC, LMFT, LCDC, NCC.

I have read the above and fully understand its content in its entirety. I further understand that I have a right to receive a copy of this authorization upon my request.

Signature _____ Date _____

Witness _____ Date _____

Phil Ginsburg holds license #11176 as a Licensed Chemical Dependency Counselor, license # 201583 as a Licensed Marriage and Family Therapist and license # 66700 as a Licensed Professional Counselor.

Once you are finished filling out this form, please save this file to your hard drive, and then email it as an attachment to Phil Ginsburg at phil@familyservices.us.com or print it out and bring to your appointment.