

*F. J. FIHN, MA,
Marriage & Family Therapist, License # 35136
Certified Drug & Alcohol Counselor (CDAC-II)
Certified Sex Addiction Therapist (CSAT)*

CONSENT TO RELEASE CONFIDENTIAL INFORMATION

I, _____, hereby authorize Jerry Fihn, MFT, License #53136, to disclose information and records obtained in the course of my diagnosis and/or treatment to:

Name/Entity to whom disclosure is made

Address

Phone Fax

I understand that I have a right to receive a copy of this authorization. I also understand that any cancellation or modification of this authorization must be in writing. This disclosure of information and records authorized herein is required for the following purpose:

assessment and diagnosis	medication evaluation	medical compliance
recommendations	treatment coordination	referral

The specific uses and limitations on the types of medical information to be disclosed are as follows:

medications	assessment and diagnosis	testing results
treatment recommendations and progress		coordination of treatment

This authorization shall remain valid until: _____.

Patient Signature: _____ Date: _____.

Parent Signature if patient is a minor: _____.

*F. J. FIHN, MA,
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Reference: California Civil Code Section 56.11

PATIENT RIGHTS AND HIPAA AUTHORIZATION

The following specifies your rights about this authorization under the Health Insurance Portability and Accountability Act of 1996, as amended from time to time (HIPAA).

1. Tell your counselor if you don't understand this authorization, and the counselor will explain it to you.
2. You have the right to revoke or cancel this authorization at any time, except: (a) to the extent information has already been shared based on this authorization; or (b) this authorization was obtained as a condition of obtaining insurance coverage. To revoke or cancel this authorization, you must submit your request in writing to provider at 3880 South Bascom Avenue, Suite 202, San Jose, CA 95124.
3. You may refuse to sign this authorization. Your refusal to sign will not affect your ability to obtain treatment or payment or your eligibility for benefits. If you refuse to sign this authorization, and you are in a research-related treatment program or have authorized your provider to disclose information about you to a third party, your provider has the right to decide not to treat you or accept you as a client in their practice.
4. Once information about you leaves this office according to the terms of this authorization, this office has no control over how it will be used by the recipient. You need to be aware that at that point your information may no longer be protected by HIPAA.
5. If this office initiated this authorization, you **must** receive a copy of the signed authorization.
6. Special Instructions for completing this authorization for the use and disclosure of Psychotherapy Notes. HIPAA provides special protections to certain medical records known as "Psychotherapy Notes." All psychotherapy notes recorded on any medium, by a mental health professional must be kept by the author and filed separate from the rest of the client's medical records to maintain a higher standard of protection. Psychotherapy Notes are defined under HIPAA as notes recorded by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint or family counseling session, and that are separate from the rest of the individual's medical records. Excluded from the psychotherapy notes definition are the following: (a) medication prescription and monitoring, (b) counseling session start and stop times, (c) the modalities and frequencies of treatment furnished, (d) the results of clinical tests, and (e) any summary of: diagnosis, functional status, the treatment plan, symptoms, prognosis, and the progress to date.

In order for a medical provider to release psychotherapy notes to a third party, the client who is the subject of the psychotherapy notes must sign this authorization to specifically allow for the release of said psychotherapy notes. Such authorization must be separate from an authorization to release other medical records.

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