## Christa U. Simons MA, LPC, LLC 81 Conkling Street Basking Ridge, NJ 07920 Phone: 908-274-1608 Email: christa.u.simons@gmail.com

Client release of information			
Client's Name:			
Address:			
Phone: Date of Birth:			
I,		, authorize Christa U. Simons, MA, LPC, LLC to:	
Send	the following information	To	
Receive		From	
Provider/Family Member:			
Address:			
Phone:			
Progress Reports	Psychologica	Psychological testing results	
Medical Records	Service Plans	;	
Personality Profiles	Entire record	Entire record, except progress notes	
Psychological Reports	Psychotherap	by notes	
Other, specify			
*A separate authorization, as	defined by HIPAA, is required for psy	chotherapy notes.	
The above information will b	be used for the following purposes:		
Planning appropriate tre	atment or program		
Continuing appropriate	treatment or program		
Determining eligibility for	or benefits or program		
Case Review			
Updating Files			
Other (specify)			
Identifiable Health Informati	ion, Parts 160 and 164) and Title 45 (Fe	le of Federal Rules of Privacy of Individually deral Rules of Confidentiality of Alcohol and Drug I further understand the information disclosed to the	

recipient may not be protected under these guidelines if they are not a health care provided covered by state or federal rules. I understand this authorization is voluntary, and I may revoke this consent at any time by providing written notice, and after 1 year this consent automatically expires. I have been informed what information will be given, its purpose, and who will receive the information. I understand that I have a right to receive a copy of this authorization. I understand that I have a right to refuse to sign this authorization.

Client Signature Date

Date