

Lauren Hoyt, LLC

2500 N Tucson Blvd., #108
Tucson, AZ 85716
520-326-5761

AUTHORIZATION TO RELEASE INFORMATION

Name: _____ DOB: _____

I authorize Lauren Hoyt, LMFT, LISAC to

release information to obtain information from exchange information with

Name/Agency: _____

Address: _____

Telephone #: _____ Fax #: _____

Information is limited to:

- | | |
|--|---|
| <input type="checkbox"/> Complete behavioral health record
(Excludes substance abuse treatment) | <input type="checkbox"/> Progress notes |
| <input type="checkbox"/> Assessments/Test results | <input type="checkbox"/> Dates of attendance/appts not kept |
| <input type="checkbox"/> Treatment Plans | <input type="checkbox"/> Summary of treatment |
| | <input type="checkbox"/> Substance abuse treatment (Initials _____) |

Disclosure of information is for the purpose of:

- Coordination of care with another mental health professional
 Coordination of care with another health professional
 Resolution of a legal matter
 Other _____

If I am seen in couples counseling, I have been advised that under the Arizona Administrative Code R4-6-1105(E), both partners must provide consent to release couples counseling records. If one or the other of us does not provide consent, records will not be released.

I understand that as a result of my request for my Protected Health Information, I cannot hold Ms. Hoyt or Lauren Hoyt, LLC responsible for any actions taken by any other individual. If my request is for my PHI to be released to me, I understand that it is my responsibility to protect my own privacy by keeping the released information in a secure place and in my possession. If my request is for my PHI to be released to another individual or entity, I understand that the information that will be exchanged includes records in any form, as well as discussion, with the individual or entity authorized above. I understand that I can revoke this authorization at any time by simply making that request in writing to Ms. Hoyt at 2500 N. Tucson Blvd., Ste #108, Tucson AZ 85716.

My authorization will expire one year from today or _____ (whichever date is sooner).

Signature: _____ Date: _____

Witness (if necessary): _____ Date: _____