

Client Name(s) / Date(s) of Birth _____

Authorizations & Consents Explained

Personal Health Information (PHI) is anything communicated in a psychotherapy session; and it is confidential. Your PHI cannot be shared or disclosed without your written permission unless it is mandated or permitted by law and regulation.

There is a difference between authorization to disclose and consent to use PHI. ¹

Consent is not required by law for Treatment, Payment and Healthcare Operations (TPO,) such as an insurance claim. I use **Consent** when you want to document therapy for a claim. I give it directly you for that purpose.

Also, **Consent** is used for you to bring a guest to session. This seldom happens, and I do not recommend it.

This is an Authorization form.

Authorization is required for disclosures of PHI that are not otherwise allowed by regulation and law. **PHI is disclosed** when it is released, transferred, has been given to, or otherwise divulged **outside of therapy**.

There is a difference between a release and an exchange. A **Release** is a disclosure in one direction. It is from me to somebody; or it is from another person to me. An **Exchange** is disclosure that occurs in both directions between the authorized persons.

This is **Authorization** to **Release** or **Exchange** PHI.

The person whom you Authorize disclosure of PHI is a:

Provider **Legal Representative*** **Other (Specify)** _____

* I strongly discourage release information for a legal proceeding, because it risks changing the focus of therapy away from your well-being.

¹ What is the difference between “consent” and “authorization” under the HIPAA Privacy Rule?, <https://www.hhs.gov/hipaa/for-professionals/fag/264/what-is-the-difference-between-consent-and-authorization/index.html> (Retrieved February 18, 2023)

AUTHORIZATION to Release or Exchange Information | 2023

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This authorization expires on: _____

The purpose of this release is:

- Summary for a Personal Health Record
- Review of PHI by a healthcare provider
- Make a referral to a healthcare provider
- Consultation between healthcare providers
- Respond to a Court Order
- Respond to a Subpoena
- Activate protective services that are not mandated
- Other (Specify) _____

Limits

Information disclosed under the authorization could be re-disclosed by the recipient and then it might not be protected by the Federal Privacy Rule. It still could be protected by applicable California law. I keep a copy of this authorization.

Revocation

This authorization may be revoked at any time, and it can be done verbally. When revoked during an in-person session, the form or Progress Note is signed and countersigned. When done during a Telehealth session, the signatures can take two sessions for the back-and-forth using file transfer. When there is not a scheduled session, for any reason, the client is advised to follow-up any verbal revocation with a certified letter mailed to the post office box.

Client Signature and Date

LCSW Signature and Date: