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?, <u>https://www.hhs.gov/hipaa/for-professionals/faq/264/what-is-the-difference-between-consent-and-authorization/index.html</u> (Retrieved February 18, 2023)

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I do not fax. You can fax at a local business, but the fax service does not protect your PHI. Likewise, internet fax does not protect PHI. A few documents can be transferred during our Telehealth session. For a lot of documents, I can scan documents into a "flash drive", that you provide to me in an unopened package. I will scan the authorized documents on the drive and return it to you. If mailed, I use the USPS flat rate padded envelope² (and it is added to your bill.) The charge to scan is prorated at \$60/hr.

The Authorized Recipient:

Na	ame and credential			
01	rganizationa <u>l</u>			
Fι	ıll business addre <u>ss</u>			
Сс	ontact Telephone			
Ite	ms Covered/Excluded by	this Authorization		
Ch	eck the box for an item that	is covered or line-ou	t (and initial) each item that is not.	
	Intake Form	Date:		
	Informed Consent	Date:		

 Financial Ledger
 Date: _____

Personal Status Inventory Date: ______

□ Assessments

Assessment Name	Date
Progress Notes and Treatment Plans: Start Date:	End Date:
Prior Consent or 🖵 Prior Authorization Date:	
Discharge Summary Date:	

² For the current price, use this search phrase "USPS flat rate padded envelope price"

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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: