

**Ryan McNealy Morehead, LPC
Authorization to Release Protected Health Information**

I Hereby Authorize Ryan McNealy Morehead, LPC to Use or Disclose my Protected Health Information as Described Below.

I understand that the information I authorize a person/facility to receive may be re-disclosed and no longer protected by state and federal regulations.

Patient Name:

First Middle Last

Address: _____

Telephone Number: _____

Social Security Number: _____ Date of Birth: _____

Name of Person/facility Authorized to **RELEASE** the information:

Name of Person/facility Authorized to **RECEIVE** the Information:

Address: _____

Telephone Number: _____

City, State, and Zip Code: _____ Fax Number: _____

Purpose of Disclosure:

Means of Disclosure: Fax Mail Verbal

Dates of Treatment: _____

Information to be Used/Disclosed – Please check those that apply:

Diagnosis/assessment Treatment Plans Discharge Summary

Other (specify) _____ Progress Notes Billing Summary Entire Medical Record

I understand that in the event I was treated for drug or alcohol abuse, psychiatric condition, communicable diseases including HIV/AIDS this information will be included as part of my medical record to the above-named person/facility unless specifically specified:

Ryan McNealy Morehead, LPC may not condition treatment, payment, enrollment or eligibility for benefits on signing this authorization.

This authorization is subject to cancellation/revocation at any time, by the patient or legally qualified representative, provided that the cancellation is made in writing except to the extent that:

- 1. The facility has already acted on your request prior to receiving the request to cancel the authorization; or**
- 2. If the authorization was given to release records to your insurance company in order to obtain insurance coverage.**

This authorization will automatically expire in 1 year unless otherwise stated.

Expiration Date: _____

Signature of Patient or Legally Qualified Representative / Date

Relationship of Legally Qualified Representative