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CONSENT TO RELEASE CONFIDENTIAL INFORMATION

Name of client: _____ Date of birth: _____

I, _____, give my permission:
Client/guardian

for Dr. Bissette to disclose to the following person or institution the information identified below:

for the following person or institution to disclose to Dr. Bissette the information identified below:

Name, address, and phone of person or institution

(Please initial marked boxes)

- _____ Medical records (list) _____
- _____ General information regarding my psychological/psychiatric treatment (cross out what does not apply) verbal report intake information case notes of the sort required by insurance administrative records (releases of information, billing, etc.) Other: _____
- _____ Detailed psychotherapy notes that are kept separate from my general record
- _____ Results of psychological testing/evaluation (list) _____
- _____ Academic records (list) _____
- _____ Permission is granted for mutual exchange of information

for the following purpose: _____

I also give my permission for HIV-related information and Drug and Alcohol information contained in these records to be released under this consent unless indicated by my initials here:

_____ Do not release HIV-related or Drug and Alcohol information

- I understand that by law, I need not consent to the release of this information. However, I choose to do so willingly and voluntarily for the purpose specified above. I also understand that my psychologist generally may not condition psychological services upon my signing an authorization unless the psychological services are provided to me for the purpose of creating health information for a third party.
- I understand that information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient and may no longer be protected by the HIPAA Privacy Rule.
- I understand that I may revoke this authorization in writing at any time except to the extent that action already has been taken in reliance on it. If not revoked in writing, it shall terminate without express revocation on:

Date, event, or condition

Signature of client/guardian

Date

2/8/2006