

Brady M. Miller, Ph.D.
Licensed Clinical Psychologist

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CONSENT TO RELEASE OR EXCHANGE CONFIDENTIAL INFORMATION

Client Name: _____ Date of Birth: _____

This form, when completed and signed by you, (Please initial the lines below)

____ Authorizes Dr. Miller to release protected health information from your clinical record to the person you designate AND/OR

____ authorizes the person you designate to release information to Dr. Miller.

Name of Person/Organization to release info to/receive from:

Address: _____ City/State/Zip: _____

Telephone: _____ Fax: _____

This authorization applies to the following types of information:

____ Clinical Information ____ Clinical Record ____ Other (Specify) _____

This authorization pertains to information regarding myself and/or the following minor child/ren of whom I am the parent or legal guardian:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

I am requesting the release of this information for the following reason(s), and subject to the following limitations:

____ Continuity of Care

____ Other (Specify) _____

Limitations to this release:

This authorization shall remain in effect until:

____ Termination of services with Dr. Miller

____ Other (Specify) _____

*If this authorization does not contain an expiration date or event, it expires 90 days from the date of signature.

I understand I have the right to revoke this authorization, in writing, at any time by sending written notice to Dr. Brady Miller. However my revocation will not be effective to the extent action has already been taken in reliance on my authorization, or if this authorization was obtained as a condition of obtaining insurance and the insurer has a legal right to contest a claim.

I understand that information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient of my information and no longer protected by the HIPAA Privacy Rule.

Signature of Client: _____ Date: _____

Signature of Parent/Legal Guardian: _____ Date: _____

A photocopy or facsimile of the above signatures shall be considered in lieu of the original.