

Authorization to Release Information

Client Information

Client's Name: _____

Client's Date of Birth: _____

Client's social security number: _____ -- _____ -- _____

Who May DR. GOLDNER Share Your Private Health Information With?

I hereby authorize Dr. Aaron Goldner, PsyD LP or designee of Dr. Aaron Goldner, PsyD LP PLLC (the "Releasing Party") to release or disclose information or documents containing my health information to:

1. Receiving Party Name: _____ Contact Info: _____

2. Receiving Party Name: _____ Contact Info: _____

3. Receiving Party Name: _____ Contact Info: _____

How long does this release remain in effect for?

This authorization is made in accordance with federal and state law, including all past, present, and future periods. If not specified by circling one below, this authorization does not end. You may specify a shorter time limit by circling one below:

A. The end of treatment (or legal action)

B. Or, this authorization ends on this date: ____/____/____

I understand I may revoke this authorization at any time by sending a written revocation to Aaron Goldner, PsyD LP (PLL), at the address listed at the top of this form, except to the extent it has taken action in reliance on the authorization. I understand that once my health information is used or disclosed, it may be subject to re-disclosure or release by the Receiving Party, may be used for medical treatment or consultation, billing or claims payment and may no longer be protected by federal or state law.

What information or purpose of information to be disclosed

This document permits the release of all health information needed to facilitate assessment, diagnosis, treatment planning & treatment implementation.

- Additional information you want Dr. Aaron Goldner to disclose, please state for what purpose

- What information do you NOT want discussed or released? _____

If client is an adult (age 18 years+)

Adult Client's name (please print): _____

Client signature: _____ Date: _____

If client is a minor (under 18 years)

Parent or Legal Guardian's name (please print): _____

Signature: _____ Date: _____