LifeLine Counseling Center
405 S. Clairborne Road, Suite 1
Olathe, KS 66062

AUTHORIZATION & REQUEST FOR RELEASE OF CONFIDENTIAL INFORMATION & PRIVILEGED COMMUNICATION

In accord with my legal right to confidentiality and privileged communication relevant to the services that I have received, I authorize and request:

The disclosure of confidential information between Lyle Gibbens, MA, LCPC, SATP-C, and the named party below

Agency/Name: ____

Address: ____
Street City Zip

____
Phone FAX

- o summary report of services
- o any and all records
- ○ consultation/verbal communication
- ○ other ________________________________

This authorization expires_____________________________, unless revoked by me in writing at an earlier time.

I issue this authorization with a knowledge of the contents of the material or communication involved, as checked above. I also understand that there may be consequences to having my information released. I issue this authorization voluntarily and free from duress of undue influence.

In accordance with federal regulations (42 CFR Part 2) which prohibits any further disclosure of this information, except with specific written consent of the person to whom it pertains, redisclosure of this information is prohibited.

I agree to pay a reasonable fee, if any, for the preparation of the materials and hereby hold harmless the above-named practitioners from any liability relevant to the release of the confidential information or privileged communication.

Client Signature ____ Date ____________________

Printed Name of Client: ___________________________________ DOB ____________________

_ _ _ _ _ _ _ _ _ _Complete the upper portion **OR** sign below, as one or the other is required_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

By signing below I am indicating that I waive my right to such consultation and that I do not wish for my therapist to contact my(our) physician(s). I am also aware that this waiver will become part of my client record.

Client Signature	Date	Client Signature	Date
Client Signature	Date	Client Signature	Date