



ClearView Counseling

Linda J. Bannerman, MA, LMHC (WA), Intern (HI)
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360-261-4434

AUTHORIZATION TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION

This authorization expires 90 days after execution unless sooner revoked by client or authorized representative.

Client: _____

DOB: _____ SS# _____

SECTION A: I authorize Linda Bannerman, LMHC/Intern, to use and disclose protected health information (PHI) regarding me to:

Name	Telephone Number	Address	Relationship

It is understood that this information may be shared over the telephone, by email, or over the internet.

SECTION B: The purpose or need for the above information exchange is:

- to plan/coordinate treatment, payment, or health care options employment assistance to monitor LRA/probation legal disclosure to third party
 at the request of the client, who elects to not disclose purpose other: _____

I understand that my PHI includes information collected from me or created by Linda Bannerman, or information received by Linda Bannerman from another health care provider, a health plan, my employer or a health care clearinghouse. PHI may relate to my past, present or future physical or mental health or condition, the provision of my health care, or payment for my health care services.

SECTION C: Other Important Information. I understand the following:

Linda Bannerman cannot guarantee that the recipient of PHI will not re-disclose my PHI to a third party. The recipient may not be subject to federal laws governing privacy of PHI. However, if the disclosure

consists of treatment information about a client in a federally assisted alcohol or drug abuse program, the recipient is prohibited under federal law from making any further disclosure of such information unless further disclosure is expressly by written consent/authorization of the client or as otherwise permitted under federal law governing confidentiality of alcohol and drug abuse patient records 942 CFR, part 2).

Except when I am (i) receiving research-related treatment or (ii) receiving health care solely for the purpose of creating information for disclosure to a third party, I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment (or payment if applicable) from Linda Bannerman.

I may revoke this authorization in writing at any time, except that the revocation will not have any effect on any action taken by Linda Bannerman in reliance on this authorization before written notice of revocation is received by Linda Bannerman. I further understand that I must provide any notice of revocation in writing to Linda Bannerman.

Linda Bannerman may, directly or indirectly, receive payment from a third party in connection with the marketing activities undertaken by Linda Bannerman.

I have received a copy of Linda Bannerman's Notice Of Privacy Practices and I have had an opportunity to review the Notice prior to signing this authorization. I understand that the Notice is posted on the website www.lindabannerman.com and at the office where services are rendered. I have read and understand the terms of this authorization. I have had an opportunity to ask questions about the use or disclosure of my PHI.

Client's signature _____ Date _____ Legal Representative _____ Date _____

Client's printed name _____ Date _____ Legal Representative printed name _____ Date _____

Relationship of rep. to client _____

This Authorization may be renewed for 90-day periods of time by obtaining client or legal representative's signature on page 3.

This disclosed information shall be confidential and further disclosure to any other person/organization is prohibited without my specific written authorization or as otherwise specified by law. I understand that I may cancel this authorization at any time, except to the extent that action has already been taken. Unless cancelled earlier by me, this authorization and any restrictions described and approved, this authorization will expire (90) days from the signature date:

Client signature _____ Date _____

Parent/Guardian/Legal Representative Signature _____ Date _____