Ephesians Professional Counseling

Dianne Fisher-Griffin, MS, RN, LCPC

State Licensed Clinical Professional Counselor
4920 Niagara Road, Suite 308, College Park, MD 20740
301-439-7191 ext. 2# Fax: 301-439-1169
http://ephesians.org

Consent to Release Clinical Information

Client:_____ DOB:_____

Address:_____

Home Phone:_____ Work Phone:_____ Cell:_____

I hereby authorize the release of the following clinical information about me (or about my child or ward) TO and/or FROM Dianne Fisher-Griffin, MS, RN, LCPC by verbal or written means. **E-mailing clinical information is prohibited**.

____Insurance Verification
____Psychiatric Evaluation
____Psychological Evaluation
____Social History
____Educational Diagnosis
____Academic Records
____Admission/Discharge Summaries
____Summary of Progress
____Laboratory Reports
____Legal Records
____Medications/Changes
____Discharge Plan & medications on discharge
____Other (specify)_____

Organization or person with whom Dianne Fisher-Griffin, LCPC will communicate:

Agency Name:_____

Contact Person: _____

Address: _____

_____

Phone:_____ Fax:_____

• I understand that Dianne Fisher-Griffin, MS, RN, LCPC cannot be held responsible for re-disclosure of protected health information once it has been released to another party.

• I understand that I may revoke or terminate this authorization by submitting a written request to Dianne Fisher-Griffin, MS, RN, LCPC otherwise this authorization will be effective for 2 years from the date of signature.

_____ _____ _____

Signature of Client/Legal Guardian | Relationship to Client (if applicable) | Date

_____ _____

Signature of Therapist | Date