Levin & Zangrillo, P.C.

AUTHORIZATION TO USE, SHARE OR DISCLOSE PROTECTED HEALTH INFORMATION

I hereby authorize **Levin & Zangrillo, P.C**. **175 Derby Street, Hingham, MA 02043**
( ) to release information to, ( ) to request information from, or
( ) exchange health information with, regarding the following client.

I understand that this information, hereby authorized, could be subject to redisclosure by the recipient and, if so, may not be subject to federal or state law protecting its confidentiality.

Client name: _____ Date of Birth: _____

Address:_____

Information to be disclosed to, shared or exchanged with:

_____
Name Address

_____
Phone # Fax #

Clinician: _____

( ) Mental Health Records
( ) Medical Records
( ) Other Specified: _____

With the exception of the following information (check as appropriate):

( ) Alcohol/drug abuse treatment
( ) Other (please specify):

The above information is disclosed for the following purposes:

Regarding mental health and other types of services being provided; the client's social and emotional functioning; and any medical issues pertaining to medical and mental health. The purpose of disclosure is to improve assessment and treatment planning, share information relevant to treatment and, when appropriate, coordinate treatment services.

I understand I may revoke this authorization at any time by requesting such of Levin & Zangrillo, P.C. in writing, unless action has already been taken in reliance upon it, or during a contestability period under applicable law. I further understand that Levin & Zangrillo, P.C. reserves the right to disclose information as permitted by this authorization in any manner that Levin & Zangrillo, P.C. deems to be appropriate and consistent with applicable law, including but not limited to, verbally, in paper format and electronically.

This authorization expires upon express revocation by me in writing and/or termination of treatment.

_____ _____
Signature of Patient or Legal Representative Date

_____ _____
Printed name of patient or patient's representative Relationship to patient or authority to act for patient