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AUTHORIZATION FOR RELEASE OF RECORDS OR INFORMATION

I, _____, hereby give permission to

(Print name of patient/client)

(Social Security Number)

Dr. Rosemarie Calleros, Psychologist, to:

Disclose information to:

AND/OR

Obtain information from:

(Name of agency, attorney, school counselor, therapist, etc.)

(Address, city, state, and zip code)

Phone: () _____

Fax: () _____

INFORMATION TO BE DISCLOSED/OBTAINED:

MY ENTIRE MENTAL HEALTH OR MY ENTIRE SUBSTANCE ABUSE RECORD; OR-

Only the following information [PATIENT/CLIENT MUST INITIAL EACH ITEM TO BE RELEASED/OBTAINED]

_____ Substance Abuse Evaluation

_____ Diagnosis/Assessment

_____ Treatment Recommendations

_____ Treatment Plan

_____ Expected Length of Treatment

_____ Name of new Treatment Provider

_____ Attendance Records Only

_____ Progress Report on my Treatment

_____ Other (specify): _____

FORM IN WHICH INFORMATION SHOULD BE RELEASED:

Verbal

Photocopied

Written

Other _____

TESTIMONY:

I authorize _____, to testify in a deposition or any legal proceeding

(Name of therapist)

regarding my psychiatric/psychological/substance abuse treatment.

The purpose for such disclosure is:

to permit continuity of care.

to permit case management (including reimbursement determinations) and processing of benefit claims.

to enable my employer to make a determination on my employment status (including disability leave.)

other (specify): _____

I may revoke this consent at any time except to the extent that action has been taken in reliance upon it. If I do not revoke it, this consent will expire one (1) year after I have terminated treatment.

Signature of patient/client

Signature of parent, guardian, conservator or authorized representative (when required)

Date

Witness

NOTICE TO RECIPIENT OF INFORMATION

This information has been disclosed to you from records the confidentiality of which may be protected by federal and/or state law. If the records are so protected, Federal Regulation (42 CFR Part 2) prohibits you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.