

Jennifer Danhauser, LPC

Authorization for Release of Information
565 University Avenue, Suite #4
Fairbanks, AK 99709
907-978-4978

Client Name: _____	Date of Birth: _____
Social Security Number: _____	
I hereby authorize Jennifer Danhauser, LPC to: (Initial one or both)	
Release Information to: _____	Obtain Information from: _____
Person/Agency: _____	
Address: _____	
City/State/Zip: _____	
Phone#: _____	Fax#: _____
<u>Purpose of Disclosure</u> <i>(Please Initial)</i>	<u>Information Requested</u> <i>(Please Initial)</i>
_____ Treatment Planning	_____ Verbal Information
_____ Continued Treatment	_____ Outpatient Records
_____ Coordinate Treatment	_____ Psychiatric Records
_____ Personal Use	_____ Alcohol/Drug Records
_____ Legal Use	_____ Medical Records
_____ Employment/Benefit Assistance	_____ Other (specify below):
_____ Billing/Insurance	_____
_____ Other (specify below)	_____
_____	_____
<u>If you want to specify, please write out the dates of Information to be Released:</u>	
From: _____ To: _____	

- 1) My authorization is given voluntarily in writing for the above stated purpose(s) and will remain in effect for **ONE YEAR** from the date of signature OR through _____ (up to one year).
- 2) I understand that by not signing this authorization it will not affect my treatment or payment for services provided by Jennifer Danhauser, LPC.
- 3) I may revoke (stop) this authorization at any time in writing, although it will not change any action taken between the date of original authorization and date the revocation is received by Jennifer Danhauser, LPC.
- 4) I may inspect or copy information to be used or disclosed pursuant to this authorization, copying fees may apply.
- 5) I am entitled to receive a copy of this authorization
- 6) I understand information released through this authorization might be re-disclosed by the recipient and may no longer be protected by Federal/State privacy regulations.

Client/Legal Representative _____ **Date** _____
(signature) (If client not signing, indicate representative's authority to act on client's behalf)

Witness _____ **Date** _____
(signature) (print name here)