

Priscilla Klockner, M.A.
2732 NE Broadway
Portland, OR 97232
503-327-4839

- Client Request
- Counselor Request

Authorization to Release Protected Health Information

I, _____,
Name of Client/Guardian

hereby authorize Priscilla Klockner, MA, 2732 NE Broadway., Portland, Oregon, 97232, 503-327-4839, to mutually share with

Name, Title, Business Name, address, and Phone Number

any and all information pertaining to _____
for the purpose of _____.

I have been informed and fully understand that this protected health information may be in written, oral, or report form.

I fully understand that by signing this form I hereby waive or give up my rights of confidentiality to those above-named and their supervisors. I further understand this communication may include, but not be limited to drug, alcohol, mental health, medical, legal, financial, insurance, or HIV-related information. Unauthorized redisclosure by recipients is a potential risk.

Except as to third party payers, this authorization does not include disclosure of future health care services received more than ninety (90) days from the date of last signature. This release/waiver may be revoked in writing at any time, except to the extent that disclosure has already been made in good faith reliance on this release. I understand that I have the right to refuse to sign this authorization and that my refusal will not condition treatment, payment, enrollment or eligibility for benefits.

Dated this _____ day of _____, _____.

Client Signature: _____

Parent/Guardian Signature: _____