

Dragonfly Therapy Services and Institute

AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____ **DOB:** _____

1. I hereby authorize the use and/or disclosure of my individually identifiable information as described below. I understand that I do not have to sign this authorization and that Julie Merriman may not condition eligibility for services or service delivery on whether I sign this authorization. I further understand that if the person(s) or organization authorized to receive the information is not a health plan or health care provider, the released information may be re-disclosed and would no longer be protected by federal privacy regulations.

2. Specific description of information to be disclosed _____

3. Person(s) or organization authorized to provide the information _____

4. Person(s) authorized to receive the information _____

5. Purpose of the requested disclosure _____

(The statement "at the request of the individual" is a sufficient description of the purpose.)

6. I understand that I have a right to revoke this authorization at any time. My revocation must be in writing to Julie Merriman. I am aware that my revocation is not effective to the extent that the persons I have authorized to use and/or disclose my information have acted in reliance upon this authorization.

7. I understand that I will get a copy of this form after I sign it upon request.

8. This authorization expires upon _____ (insert date or an event that triggers expiration).

9. The provider requesting the authorization **___will ___will not** receive compensation in exchange for using or disclosing the information described above.

10. I agree that a copy of this release or fax of this release shall be as valid as this original release. I authorize Julie Merriman to fax the information and I realize there are inherent risks in faxing records.

11. By signing this Authorization I agree that I have read this Authorization form and that I have been given the opportunity to ask questions. If I have questions later, I may contact Julie Merriman.

Signature of Client

Date

For Minors Or For Adults Not Capable Of Giving Consent

Signature of Legally Authorized Representative

Date

Relationship to Client

Witness

Date