



Release of Confidential Information Consent Form

I, _____, hereby authorize Bailey McDonald, LISW-CP to exchange verbal and written information, as specified below, regarding my treatment, with those persons/entities specified below, in accordance with the HIPAA Act of 1996. I understand that I may revoke this consent at any time by informing the parties listed below, as well as Bailey McDonald, LISW-CP, in writing. In consideration of this consent, by signing below, I hereby release the parties listed below from any legal liability for the release of this information. Furthermore, I acknowledge that I have received, read, and understand the two-page HIPAA information document, which includes the clients' rights under HIPAA. **(initial):** _____

Information Type Codes (for use on next page):

- 1 Account/Billing
- 2 Assessment
- 3 Designated Record Set
- 4 Diagnosis
- 5 Progress in Treatment
- 6 All of the above
- 7 Other (specify)



Date	Code # for Information to Disclose	Person / Entity	Signature