

Authorization for Release of Confidential Information

This document is a release of confidential information. Please include the names of any professionals or clergy below who you would like us to contact and speak with. These may be people who you have worked with in the past or are currently working with who can assist Gillan Smith, PhD, in supporting you as you are in this coaching setting. This may include previous testers, therapists or counselors, medical professionals, etc.

By listing Authorized Contacts below and signing this document, you are agreeing to the following:

I understand that by signing this General Authorization I am authorizing Gillan Smith, PhD, to disclose my health information to the persons, classes of person(s), and entities listed below and that any health information or other confidential information in the possession of the persons, classes of person(s) and entities listed below may be disclosed to Gillan Smith, PhD. My health information includes, without limitation, any records, reports, test results, opinions, assessments and any other information relating to medical, emotional, educational or psychological condition. Disclosure may also be made to describe my condition and progress and to discuss treatment.

I understand that I may revoke this authorization at any time by sending a written notice of revocation to Gillan Smith, PhD. I understand that my revocation of this General Authorization will not affect a disclosure that Gillan Smith, PhD has already made under this authorization. I understand that information used or disclosed under this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Gillan Smith's confidentiality rules. Notwithstanding this, I understand that Gillan Smith, PhD, may not condition my treatment, payment, enrollment, or eligibility for benefits on signing, or refusing to sign this authorization.

This authorization is only valid until _____ [fill in date], or until three months after my file is closed at Gillan Smith, PhD's office.

Authorized Contacts

Name, phone number and email of contact	Specific information or instructions
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Name of client (or if under 18 name of legal guardian)

Signature of client (or if under 18 signature of legal guardian)

Date