

Consent to Release Confidential Information to Another (third) Party

Tyler Beach, MSW, LCSW: Licensed Clinical Social Worker
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1. I, _____ (print your full name and date of birth), am completing this form to allow the use and sharing of my protected health information.

2. I authorize Tyler Beach, MSW, LCSW, to disclose my psychotherapy treatment records (which may include admission and discharge summaries, psychological evaluations, reports, assessments, treatment notes, progress notes, psychotherapy attendance records, etc.).

3. Dates of care for which the information will be disclosed include:

From beginning of this treatment episode to present time

Or specify the time period for which you are giving Tyler Beach the permission to release your records:

From _____ to _____ and

4. I authorize Tyler Beach to disclose the above noted information to this person &/or organization:
(list below the person(s) and/or the organization(s) that will be receiving your records from Tyler Beach; please, be sure to provide complete address and contact information for this "third" party)

A) _____

Street: _____ City: _____

Zip Code: _____

Phone: _____ Fax (if known): _____

B) _____

Street: _____ City: _____

Zip Code: _____

Phone: _____ Fax (if known): _____

C) _____

Street: _____ City: _____

Zip Code: _____

Phone: _____ Fax (if known): _____

5. The information will be used/disclosed for the following purposes (e.g. continuity of care, custody hearing, etc.):

6. I understand and agree that this Authorization will be valid for one year from this date unless specified otherwise here:

[Note a date or event upon which this Authorization expires. For example, you may choose to have this authorization expire 1 month from today or 6 months from today; or you may request that this authorization expire upon such event as the termination of therapy with Tyler Beach, in which case write down in the space above "termination of therapy with Tyler Beach."]

I understand that after that date or event, no more of this information can be used or released to the person or organization unless I sign a new Authorization like this one.

