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AUTHORIZATION FORM

This form when completed and signed by you, authorizes me to release protected information from your clinical record to the person you designate.

I authorize my health practitioner, _____, to make contact by phone, in writing or in person with Dr. Marilyn Luber and to release any and all information concerning me as may be necessary and/or helpful in my clinical evaluation, treatment planning and treatment activity.

I am requesting my health practitioner to release this information for the following reasons:

(“at the request of the individual” is all that is required if you are my client and you do not desire to state a specific purpose).

I authorize the above-name health practitioner to release any and all information requested by Dr. Luber. It is my intention that the professionals with whom I have been in treatment and whom I am currently seeing for consultation and/or treatment be able to freely exchange information in order to coordinate their clinical efforts on my behalf.

This authorization shall remain in effect until _____
(fill in expiration date)

or until _____
(fill in an event that relates to the individual or the purpose of the use or disclosure)

You have the right to revoke this authorization, in writing, at any time by sending such written notification to my office address. However, your revocation will not be effective to the extent that I have taken-action in reliance on the authorization or if this authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

I understand that information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient of your information and no longer protected by the HIPAA Privacy Rule.

Signature of Client

Date

If the authorization is signed by a personal representative of the client, a description of such representative's authority to act for the client must be provided.

Name of Health Practitioner: _____

Address: _____

Phone: _____ **Fax:** _____ **Email:** _____