

RANDI HERMAN-RROGGEMAN, MC, LPC, NCC  
REGISTERED PLAY THERAPIST & SUPERVISOR

Authorization For Release Of Confidential Information

I, \_\_\_\_\_, DOB \_\_\_\_\_, SS# \_\_\_\_\_ (Optional)  
(Clients' Name and/or Legal Guardian Name)

Authorize: Randi Herman-Roggeman  
2500 S. Power Rd., Ste. 108  
Mesa, Az 85209  
(480) 985-0333

to  **Release** and/or  **Receive from:**

**Name of Person/Organization:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Contact Person (if Applicable):** \_\_\_\_\_

**The following information specified below: MARK THE APPROPRIATE SPACE(S) WITH AN "X"**

- |  |  |
|--|--|
| <input type="checkbox"/> Psychosocial History  | <input type="checkbox"/> Treatment Plans   |
| <input type="checkbox"/> Psychiatric Assessment/Evaluation and Diagnosis                         | <input type="checkbox"/> Progress Notes    |
| <input type="checkbox"/> Substance Abuse History/Treatment (Drug and Alcohol)                    | <input type="checkbox"/> Legal History     |
| <input type="checkbox"/> Medical History and Current Conditions                                  | <input type="checkbox"/> Test Results/Labs |
| <input type="checkbox"/> Medications   | <input type="checkbox"/> Discharge Plan    |
| <input checked="" type="checkbox"/> Other <u>Utilization of my emergency contact information</u> |  |

**For the purpose of:** concern for my safety and/or safety of others

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Protected health information that is disclosed pursuant to this consent to release information form is privileged. The recipient of this information may not re-disclose this information without the written consent of the client or the client's health care decision maker, unless otherwise provided by law.

I understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it (i.e. probation, parole, etc.) and that in any event the consent expires automatically as described below.

I understand that my records are protected under the Federal and/or State Confidentiality Regulations and cannot be disclosed without my written consent except as otherwise provided for in these Regulations. This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulation (42CFR Part 2) prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.

This release is executed the date that it's signed. If the consent is for release of alcohol and/or drug information it automatically expires 60 days from date of execution. Otherwise the consent will expire upon discharge.

Client/Parent/Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Randi Herman-Roggeman, MC, LPC, NCC, RPT-S \_\_\_\_\_ Date: \_\_\_\_\_