



DR. LUCILLE KEENAN
Clinical Psychologist

1330 St. Mary's Street • Suite A020 • Raleigh • NC 27605
919 • 604 • 7401

CONSENT TO RELEASE & EXCHANGE PATIENT INFORMATION

This form when completed and signed by you, authorizes **Dr. Lucille Keenan** to exchange protected information from your clinical record to the person you designate.

Patient Name _____ Birth Date _____

I authorize **Dr. Lucille Keenan** to exchange: _____ Psychological/Diagnostic Evaluation _____
Educational Assessment _____ School Records _____ Progress Update _____ Medical History _____
_____ Developmental History . Other (specify): _____

This Information should only be exchanged with:

Name/Agency _____

Address _____

Phone _____

Purpose of Release: I am requesting my psychologist to exchange this information for the following reasons: _____ Continuity of Care _____ Educational _____ Other _____ *At the request of the individual **“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.* 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 Patient

Date

If a personal representative of the patient signs the authorization, a description of such representative's authority to act for the patient must be provided.

Signature of Parent/Guardian

Date

Relationship