

Authorization for Release of Confidential Information

Client Name	Client Name
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I authorize Sommer A. Seitz, MA and the persons or entities listed below, or their representatives, to mutually release and disclose my health information.

I have received and reviewed *Notice of Privacy Practices*.

I understand that by signing this General Authorization I am authorizing Sommer A. Seitz, MA to disclose my health information to the persons and entities listed below and that any health information or other confidential information in the possession of the persons and entities listed below may be disclosed to Sommer A. Seitz, MA. 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 Sommer A. Seitz, MA. I understand that my revocation of this *General Authorization* will not affect a disclosure that Sommer A. Seitz, MA 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 confidentiality rules.

I waive any right of privacy that I may have in connection with the disclosures hereby authorized.

This authorization is only valid until _____ [fill in date if applicable], or until three months after my file is closed.

Name	Address	Client's Initials
Name	Address	Client's Initials
Name	Address	Client's Initials
Name	Address	Client's Initials
Name	Address	Client's Initials
Name	Address	Client's Initials
Name	Address	Client's Initials

Signatures

Client's signature	Date	Client's signature	Date
Name of parent or guardian (if client is under 18)	Date	Name of parent or guardian (if client is under 18)	Date
Name of parent or guardian (if client is under 18)	Date	Name of parent or guardian (if client is under 18)	Date
Witness	Date	Witness	Date