

Melissa Rubin, DNP, ARNP
3500 SW Alaska Street
Seattle, WA 98126
206.203.2166 (tele)
206.501.4451 (fax)
Melissa@SoundFamilyPsychiatry.com
www.SoundFamilyPsychiatry.com



RELEASE OF INFORMATION

I hereby authorize: Melissa Rubin, DNP, ARNP

To release information to: Name: _____
 To obtain information from: Address: _____
 To exchange information with: Tele/Fax: _____

The information requested or authorized for release or exchange pertains to: Mental Health

This Authorization is valid for 180 days from today: _____ or upon the following circumstances
_____, whichever is earlier. I may cancel this authorization by
signing, dating, and writing "CANCEL" on this form or by sending a written, signed, and dated request to the
provider above indicating my desire to cancel. I understand that once my information has been released, the
recipient might re-disclose it, my provider has no control over it and privacy laws may no longer protect it. The
purpose of this authorization is to improve the quality of my mental health evaluation and/or treatment.

Signature: _____ Date: _____

Patient Name: _____ Date of Birth: _____

Guardian Signature: _____ Date: _____

Guardian Name: _____

PATIENT RIGHTS AND HIPAA AUTHORIZATIONS (Page 2 of 2)

The following specifies your rights about this authorization under the Health Insurance Portability and Accountability Act of 1996, as amended from time to time (“HIPAA”).

1. Tell your provider if you don't understand this authorization, and your provider will explain it to you.
2. You have the right to revoke or cancel this authorization at any time, except: (a) to the extent information has already been shared based on this authorization; or (b) this authorization was obtained as a condition of obtaining insurance coverage. To revoke or cancel this authorization you must submit your request in writing to your provider.
3. You may refuse to sign this authorization. Your refusal to sign will not affect your ability to obtain treatment or payment or eligibility for benefits. If you refuse to sign this authorization, and you are research-related treatment program or have authorized your provider to disclose information about you to a third party, your provider has the right to decide not to treat you or accept you as a client in their practice.
4. Once the information about you leaves this office according to the terms of this authorization, this office has no control over how it will be used by the recipient. You need to be aware that at that point your information may no longer be protected by HIPAA.
5. If this office initiated this authorization, you must receive a copy of the signed authorization.
6. Special instructions for completing this authorization for the use and disclosure of “Psychotherapy Notes”. HIPAA provides special protections to certain medical records known as “Psychotherapy Notes”. All Psychotherapy Notes recorded on any medium (i.e., paper, electronic) by a mental health professional (such as a psychologist or psychiatrist) must be kept by the author and filed separate from the rest of the client's medical records to maintain a higher standard of protection. “Psychotherapy Notes” are defined under HIPAA as notes recorded by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separate from the rest of the individual's medical records. Excluded from the “Psychotherapy Notes” definitions are the following: (a) medication prescription and monitoring, (b) counseling session start and stop times, (c) the modalities and frequencies of treatment furnished, (d) the results of clinical tests, and (e) any summary of: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

In order for a medical provider to release “Psychotherapy Notes” to a third party, the client who is the subject of the Psychotherapy Notes must sign this authorization to specifically allow for the release of Psychotherapy Notes. Such authorization must be separate from an authorization to release other medical records.