Albuquerque Psychiatry & Psychology, LLC
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# Consent for Release of Information

**This consent Authorizes:**

- ☐ Thomas R. Carey, PhD
- ☐ Gerry C. Swanson, LCSW
- ☐ John (Jack) Schooley, PhD, LPCC
- ☐
- ☐ Annique Wagner-Hiester, LMSW
- ☐ Richard B. Hiester, MA, LPCC
- ☐ Gerald A. Chavez, PhD
- ☐ Catherine Davis, MA LPCC
- ☐ Maria Elena Alvarez, MA, LPCC
- ☐ Gary (Skip) Ritter, LPCC, LADAC
- ☐ Joan B. Scott, PhD
- ☐ Bonnie Smith Crusalis, MA LMHC
- ☐ Stuart Cline, MA, LPCC
- ☐ Andrea Rascon-Thorpe, LCSW
- ☐ Barry Schooley, MSN, APRN, FNP-C

☐ **to release** ☐ **to obtain** ☐ **to exchange**

**The following information on:** ______________________________

Patient Name

**To/From:** ______________________________

Individual, Facility, Organization, Agency

______________________________

Street or PO Box

______________________________

City State Zip code Phone Fax

**For the Purpose of:**

- ☐ Continuity of care
- ☐ Disability Determination
- ☐ Billing
- ☐ Scheduling
- ☐ Insurance Claim
- ☐ ______________________

**Information relating to:**

- ☐ Diagnosis
- ☐ Social History
- ☐ Psychological Tests
- ☐ Treatment Progress
- ☐ Progress Notes
- ☐ Drug/Alcohol Abuse
- ☐ HIV/AIDS
- ☐ Other ______________________

______________________

**Disclosure:**

I understand that I may revoke this consent at any time except to the extent that action has already been taken in reliance heron, if not revoked sooner in writing, this consent will expire one year from the date below or on ______________ , at my election. I understand that I have the right to examine and copy the information to be disclosed, unless deemed that such disclosure is not in my best interest.

______________________________

Patient Signature Date

______________________________

Parent, Guardian or Authorized Representive Signature Date

______________________________

Witness Signature with title Date

Prohibition on disclosure: This information has been disclosed to you from records who's confidentiality is protected by Federal Law. Federal regulations (42CFR part 2) prohibit you from making any further disclosure of this information except with the specific written consent to the person whom it pertains. A general authorization for the release of medical or other information. If held by another party is not sufficient for this purpose. Federal regulations state that any person who violates any provision of this law shall be fined not more them $500 in the case of the first offense, and not more than $5,000 in the case each subsequent offense.