



Bear's Ears Child & Family Therapy
Hearing & Healing

22 West Vine Street
Tooele, Utah 84074
435-830-7763

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION For the Bear's Ears Child and Family Therapy, LLC

(Client/Child's Name)

I authorize Bear's Ears Child and Family Therapy to disclose/Receive specific health information from the records of the above named client to:

(Person or Organization Receiving the Personal Health Information)

(Where to send the Information – Provide Address/Phone of Person or Organization)

The specific health information authorized for disclosure is:

The purpose for the disclosure is:

This authorization will expire on the following date, event, or condition:

I understand that if I do not provide an expiration date or condition, this authorization is only valid for the period of time needed to fulfill its purpose. I also understand that I may revoke this authorization at any time, by sending written notification to Bear's Ears Child and Family Therapy indicated above. I understand that I may refuse to sign this authorization. Bear's Ears Child and Family Therapy cannot deny or refuse to provide treatment if I refuse to sign this authorization. I understand that the information used or disclosed under this Authorization Form may be subject to re-disclosure by the person or facility receiving it and may no longer be protected by federal or state privacy regulations.

(Signature of Client or Personal Representative)

(Date)

(Relationship to Client)

(Print Name)