

Bilateral Consent for the Release of Confidential Information

Laura McAuliffe, MSC, MFT 775-722-8316
Wayne McAuliffe, MSC, MFT 775-741-3671

9492 Double R Blvd, Suite B
Reno, NV 89521

I _____, authorize _____ Wayne McAuliffe, MFT
_____ Laura McAuliffe, MFT

To disclose to: _____

And above noted individual to disclose to _____ Wayne McAuliffe, MFT
_____ Laura McAuliffe, MFT

The following information: _____

The purpose of the disclosure authorized herein is:

- | | |
|--|--|
| <input type="checkbox"/> Aid/ assistance by the above facility | <input type="checkbox"/> Continued care by facility/doctor/clinician |
| <input type="checkbox"/> Assessment/treatment | <input type="checkbox"/> Coordination of care with another facility |
| <input type="checkbox"/> Legal proceedings or advice/court order | <input type="checkbox"/> Client request |
| <input type="checkbox"/> Other _____ | |

I understand that my records are protected under the federal regulations governing Confidentiality of Client and Counselor laws and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I am aware that if I give permission to disclose information to someone who is not another health care provider, clearing house or health care plan, that entity could possibly disclose the information to someone else and not be bound by state or federal law to keep it private. I also understand that I may revoke this consent by written request at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically one year from today unless specified as follows: _____.

Date

Signature

To Recipient of Information: This information has been disclosed to you from records for which confidentiality is protected by state and/or federal law. Federal Regulation (42 CFR, Part 2; the Health Insurance Portability and Accountability Act of 1996 [HIPAA] and *Nevada* Law [Confidentiality of Medical Information Act] and others) prohibit you from asking any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.

A general authorization for the release of medical information is NOT sufficient for this purpose.