Cunningham Counseling
1 Walpole Street, Suite 7
Norwood, MA 02062

Authorization to Disclose Protected Health Information

Client Name: _____ **DOB:** _____

I hereby authorize Whitney Cunningham, LMHC of Cunningham Counseling ("Provider") to disclose to _____ ("Recipient") the following protected health information:

___ All Information in my record	___ Prognosis and progress in treatment	___ Discharge summary
___ Diagnosis	___ Treatment Plan	___ Psychotherapy notes
___ Symptoms	___ Clinical test results	___ Drug/Alcohol Use
___ Dates of Treatment/Attendance record		___ HIV/AIDS status
___ Other_____		

I hereby authorize Whitney Cunningham, LMHC of Cunningham Counseling ("Recipient") to receive from _____ ("Provider") the following protected health information:

___ All Information in my record	___ Prognosis and progress in treatment	___ Discharge summary
___ Diagnosis	___ Treatment Plan	___ Psychotherapy notes
___ Symptoms	___ Clinical test results	___ Drug/Alcohol Use
___ Dates of Treatment/Attendance record		___ HIV/AIDS status
___ Other_____		

I authorize the disclosure of the health information described above for the following purpose:

_____

The specific uses and limitations on the uses of my health information by Recipient are as follows:

_____

Provider is authorized to disclose the protected health information listed above until:_____ or termination, whichever comes first.

I understand that I have a right to receive a copy of this authorization and that I may withdraw it at anytime by providing Whitney Cunningham, LMHC of Cunningham Counseling with my request in writing. I understand that the health information disclosed pursuant to this authorization may be subject to re-disclosure by Recipient and that the Federal Privacy Rule may no longer protect such information, although the re-disclosure of such information may be protected by applicable Massachusetts law.

_____

Signature of Client or Representative Date

_____

Print Name If representative, please indicate relationship

_____

Whitney Cunningham, LMHC Date