Nicole Flory, PhD

Licensed Psychologist

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Authorization Form

This form authorizes me to release / exchange protected information from your clinical record to the person you designate below.

I expressly and voluntarily consent to disclosure of the protected health information (PHI) and/or medical records, including Alcohol and Drug Abuse records, TO and BY the named party.

PERSON TO CONTACT: PCP OTHER, please specify capacity _____

NAME: _____ PHONE: _____ FAX: _____

STREET: _____ CITY: _____ STATE: _____ ZIP: _____

Please provide a description of the information that you want disclosed; be as specific and detailed as possible.

I hereby authorize my provider, Nicole Flory, PhD, Clinical Psychologist, 279 Mass. Ave, Arlington MA 02474, phone 781-518-1818, to release / exchange the following information:

_____

_____

I am requesting my psychologist to release this information for the following reasons:

____"at the request of the individual" (is all that is required if you do not desire to state a specific purpose.)

____ other: _____

I understand that my psychologist generally may not condition psychological services upon my signing an authorization unless the psychological services are provided to me for the purpose of creating health information for a third party. I understand that information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient of your information and no longer protected by the HIPAA Privacy Rule.

You have the right to revoke this authorization, in writing, at any time by sending such written notification to my office address. However, your revocation will not be effective to the extent that I have taken action in reliance on the authorization or if this authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

This authorization will expire within 6 months (or at the date specified here: _____).

Patient's Signature: _____ Today's Date: _____

Patient Name (PRINT): _____ Date of Birth: _____

If seen as couple:
Partner's Signature: _____ Today's Date: _____