

Kim Vander Dussen, Psy. D., RPT-S

Clinical Psychologist, Lic No. PSY17209 and Registered Play Therapist and Supervisor #S-806
101 South Kraemer, Suite 114, Placentia, CA 92870, Phone: 714-329-6080 Fax: 714-276-1357

CLIENT AUTHORIZATION TO RELEASE CONFIDENTIAL PERSONAL HEALTH INFORMATION (PHI) (Confidentiality of Medical Information Act, California Civil Code Section, 56.11, and HIPAA)

I authorize Dr. Vander Dussen to release Personal Health Information (PHI) concerning
myself; _____, and/or my child or dependent; _____

obtained in the course of treatment and/or evaluation (dates of care: _____) to:

Name or Person or Agency/Organization: _____ Phone: _____

Address: _____

The specific uses of the information to be released are: _____

The limitations on the information to be released are: _____

The recipient of the released information may use it for only the following limited purposes: _____

This authorization is valid until _____. No PHI can be released thereafter. I understand that I may revoke or modify this authorization, but must do so in writing to Dr. Vander Dussen. I understand this can not change the fact that some PHI may have been sent or shared before that date. I also understand: a. I do not have to sign this authorization. My refusal to sign will not affect my abilities to obtain treatment. b. I may inspect and have a copy of the PHI described in this authorization. c. If the person or entity receiving my PHI is not a health care provider or health plan covered by federal privacy regulations, the information described above may be redisclosed and no longer protected by those regulations.

I hereby release Dr. Vander Dussen from any legal liability that may arise from my authorization her to release this confidential information. I understand I have a right to receive a copy of this authorization. I affirm that everything in this form that was not clear has been explained & I believe I now understand all of it.

Signature of Client, Parent: _____ Date: _____

Or Personal Representative (Describe authority of Personal Representative: _____)
I, Dr. Vander Dussen, have discussed the issues above with the client/personal representative.
Observations of his/her behavior give me no reason to believe he/she is not fully competent to give informed/willing consent: _____ Date: _____