

# Montana City Counseling

Michael A Emerson, Ph.D.

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## Authorization for Release of Information

Name of Client: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I hereby authorize the release of my records

To Request Information from  
And Disclose Information to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*Encompassing but not exclude to: DX, TX, History, Progress

This information will be used to facilitate: communication, evaluation and treatment for the client.

I understand that this authorization for release of information may be revoked at any time in writing unless disclosure is required to effectuate payments for mental health services that have been provided or other substantial action taken in reliance on the authorization. Terminating treatment does not, in and of itself, constitute a revocation of this authorization for release of information.

The potential exists for information disclosed pursuant to this authorization to be re-disclosed by the recipient and no longer be protected by federal law. The undersigned person (s) agree to indemnify and hold harmless Dr. Michael A Emerson from all claims of liability that may arise as a result of Dr. Michael A Emerson's compliance with this authorization:

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PATIENT

\_\_\_\_\_  
DATE

Prohibition on Re-disclosure: This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal Regulations (42 C.F.R.) Part 2 prohibit you from making any further disclosure of this information except with the specific consent of the person to whom it pertains. A general authorization for the release of information if held by another party is not sufficient for this purpose. Federal Regulations state that any person who violates any provision of this law shall be fined not more than \$500 in case of the first offense and not more than \$5,000 in case of each subsequent offense.