Pialee Roy, Ph.D.,

Health Coach/Life Coach/Personal Consultant

HIPAA Release Form, page 1 of 2

Client Name: Date of Birth:

# Release of Information

Information is not to be released to anyone.

OR

I authorize the release of information including the diagnosis, records; examination rendered to me and claims information, any session notes, or appointment information, assessments completed, including goals and the nature of the consultation conducted.

This information may be released to:

 Primary Care Physician Name, Address, Phone Number

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Other Medical Provider Name, Address, Phone Number

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Family Member: Name, Relationship, Address, Phone Number

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Other: Name, Relationship, Address, Phone Number

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This Release of Information will remain in effect until terminated by me in writing.

Pialee Roy, Ph.D.

Health Coach/ Life Coach/ Personal Consultant

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# Messages

## Please call:

my home at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 my work at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

my cell phone at :

## If unable to reach me:

you may leave a detailed message

please leave a message asking me to return your call do not leave a message

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

Printed Name:

Signature Date