

Robyn S. Gruber, MA, NCC, CPCS, LPC

3535 Roswell Road, Building 29, Marietta, GA 30062

robyn@RobynGruberLPC.com

678-665-8455

www.RobynGruberLPC.com

Authorization for Disclosure of Information

I hereby authorize and direct Robyn Gruber, LPC to share my confidential, protected health information with the following individual(s).

Name

Phone number

Name

Phone number

For the purpose of:

- Continuity of Care
- To meet requirement of the Court
- Probation/Parole
- Family Involvement
- Other (Specify) _____

The following may be included:

- Attendance
- Drug Screen Results
- Discharge Summary
- Psychiatric Evaluation
- Plan of Care
- Physician's Orders
- Lab Reports
- Physical Exam
- Nursing Assessment
- Progress Notes
- Other (Specify) _____

By signing this authorization form:

I understand that my records contain information regarding my mental health. I give specific permission for this information to be released. I understand that my records are protected under State and Federal law and cannot be disclosed without my written consent unless otherwise provided for by law.

Client Name

Date of Birth

Client Signature

Date

This release expires: 30 days 90 days 1 year from date of signature Other _____