HUTCHINSON
COUNSELING

LORRAINE KAY HUTCHINSON, Psy.D.

Individual, Marriage and Family Therapy – LMFT-21518

21760 Stevens Creek Blvd.
Suite 102
Cupertino, CA 95014
Telephone: (408) 996-2533
Fax: (844) 269-9507
E-Mail: lk@hutchinsoncounseling.com
Website: www.hutchinsoncounseling.com

Consent and Authorization to Release and/or Exchange Information

I, _____ (Patient), hereby authorize Lorraine Kay Hutchinson, Psy.D.to release and/or exchange information and records obtained in the course of my psychotherapy treatment between:

Name: _____

Address: _____

City/State/Zip: _____

Phone/Fax: _____**and herself.**

I understand that I have a right to receive a copy of this authorization and that any cancellation or modification of this authorization must be provided by me in writing and received by Lorraine Kay Hutchinson, Psy.D.at 21760 Stevens, Creek Blvd., Suite 102, Cupertino, CA 95014 to be effective. I understand that I have the right to revoke this authorization at any time unless Lorraine Kay Hutchinson, Psy.D.has already taken action in to cancel this authorization.

The purpose of information and records disclosure authorized by the Patient and the specific uses and limitations of the information to be disclosed:

_____

_____

_____

I understand that I have the right to refuse consent and signing of this authorization and Lorraine Kay Hutchinson, Psy.D. shall not condition my treatment with this refusal.

I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by the HIPAA Privacy Rule, although applicable California law may protect such information.

This authorization shall remain valid for:
____ 1-year from date indicated below
____ Terminate on date: _____
Signature of Patient: _____ Date: _____
Relationship to patient if patient is a minor: _____
A Xerox and/or facsimile copy of this authorization shall be valid as the signed original on file.