

WAIVER FOR RELEASE OF CONFIDENTIAL INFORMATION

Licensed Marriage and Family Therapists do not disclose patient confidences, including names or identities of their clients, to anyone, except if there is a waiver obtained in writing, and then such information may only be revealed in accordance with the terms of the waiver.

THIS WAIVER IS LIMITED TO THE FOLLOWING:

- Pertinent clinical information
- Other_____

THIS WAIVER APPLIES TO THE FOLLOWING PROFESSIONAL OR AGENCY:

Name_____

Address_____

Telephone_____

WRITTEN PERMISSION TO DISCLOSE CONFIDENTIAL INFORMATION:

I give permission to Carol Buttery, Licensed Marriage and Family Therapist (MFC35769) to exchange information related to my/our psychotherapeutic services as specified in this waiver. This waiver applies to:

- Myself
- My child_____ (Date of Birth)_____

I understand that I have the right to revoke or modify this authorization, in writing, at any time by sending written notification to Carol Buttery at 3468 Mt. Diablo Blvd., B201, Lafayette, CA 94549. My revocation or modification will not be effective until it is received by Carol Buttery.

I understand that Carol Buttery may not allow a disclosure of Protected Health Information (PHI) that is not permitted as described in the Notice form provided by Carol Buttery, or a disclosure that is otherwise not permitted by law. I understand that even if the authorization would not involve impermissible disclosures, my psychologist may not condition treatment upon my signing an authorization unless: 1) my treatment is related to research and the authorization is to allow the use or disclosure of PHI for that research; or 2) the services are provided to me for the purpose of creating health information for a third party.

I understand that information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient of my information and may no longer be protected by the HIPAA Privacy Rule.

Signature(s) of client(s)