

Annice Ormiston, Psy.D.

Clinical Psychologist PSY 25092

2000 Hearst Avenue, Suite 207, Berkeley, CA 94709

1801 Bush Street, Suite 222, San Francisco, CA 94109

510-852-9322 (office) | 888-972-2231 (fax)

AUTHORIZATION FOR USE, DISCLOSURE, OR EXCHANGE OF HEALTH INFORMATION

Patient's Name: _____ Date of Birth: _____
Patient's Name: _____ Date of Birth: _____
Guardian (if minor): _____

I request and authorize **Annice Ormiston, PsyD** to use, exchange, or disclose/release healthcare information of the patient as follows:

Check one:

☐ Use or disclosure only

Persons/Organizations authorized to *receive* the information from Annice Ormiston, PsyD:

Name and/or Organization: _____
Phone#: _____ Email: _____
Fax#: _____
Address: _____

☐ Exchange of information

Persons/Organizations authorized to *exchange* the information with Annice Ormiston, PsyD:

Name and/or Organization: _____
Phone#: _____ Email: _____
Fax#: _____
Address: _____

This request and authorization applies to the following:

Information:

- ☐ Information relevant to coordinating care
☐ My attendance in therapy
☐ My diagnosis or treatment plan
☐ Other: _____

Purpose(s):

- ☐ Coordination of care
☐ At the request of the individual
☐ Emergency contact in the event I am unreachable
☐ Other: _____

I understand that: 1) this authorization is voluntary; 2) the information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected; 3) I am entitled to a copy of this authorization, should I request one; 4) this authorization will expire 12 months from the original authorization date; 5) I have the right to revoke this authorization at any time, by written notification only, except to the extent that the information has already been disclosed.

In consideration of this consent, I hereby release the above parties from any legal liability resulting from the release of this information.

Patient or Guardian's Signature: _____ Date: _____

Patient's Signature: _____ Date: _____