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Authorization for Use or Disclosure of Protected Health Information

Client Name: _____

I authorize Joel Murphy to provide the following:

- _____ Initial Assessment, History
- _____ Progress Notes
- _____ Treatment Plan
- _____ Other _____
- _____
- _____

To: _____

I authorize the exchange of the above-indicated information between the above-named individuals for coordination of care (verbal and/or written communication). I understand the contents to be released, the need for the information and that there are statutes and regulations protecting confidentiality of authorized information. I acknowledge that the information may contain sensitive material, such as, but not limited to, my condition relating to HIV status, drug and/or alcohol abuse, or psychiatric or psychological information. I understand I have the right to inspect the disclosed mental health information at any time.

I understand that I have the right to revoke this authorization in writing at any time by sending such written notification to Joel Murphy. I understand that this authorization will expire one year from the date of its being signed by me. I understand that a revocation is not effective to the extent that Joel Murphy has relied on the use or disclosure of the protected health information or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

Joel Murphy will not condition my treatment, payment, enrollment in a health plan or eligibility for benefits (if applicable) on whether I provide authorization for the requested use or disclosure

I understand the information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be covered by federal or state law.

I understand that Illinois law prohibits re-disclosure of any information disclosed to the recipient pursuant to this authorization unless this authorization specifically authorizes such re-disclosure.

Signature: _____ (Client or Legal Guardian)

Print Name: _____ Relationship _____

Date: _____