

# Toby Beach, LMSW, PLLC

300 East Maple Stc. 315 Birmingham, MI 48009 248-885-0888 beach.toby@gmail.com

## CONSENT FOR RELEASE OF INFORMATION

I, \_\_\_\_\_ (Name of Client), whose Date of Birth is \_\_\_/\_\_\_/\_\_\_, located

at \_\_\_\_\_ hereby authorize Toby Beach, LMSW, PLLC to use or disclose the following protected health information (including, if applicable, information about HIV infection or AIDS, and information about substance abuse treatment):

*(Specifically describe the information to be used or disclosed, including meaningful descriptors such as date of service, type of service provided, etc.)*

The protected health information may be disclosed to: (Insert name of person or entity, address and telephone number who may receive the information.)

Name: \_\_\_\_\_; Telephone Number \_\_\_\_\_

Address: \_\_\_\_\_

This protected health information is being used or disclosed for the following purposes: *(List specific purposes here, the patient may indicate that the information to be disclosed is "at the patient's request" if the patient does not choose to provide an explanation of the purpose of the request.)*

This authorization shall be in force and effect until: (check one of the following)

- Date \_\_\_\_\_
- The happening of the following event: \_\_\_\_\_

I understand that, as set forth in the facility's Privacy Notice, I have the right to revoke this authorization, in writing, at any time by sending written notification to:

Toby Beach, LMSW, PLLC  
300 East Maple, Suite 315  
Birmingham, MI 48009

Services will not be conditioned on this authorization or its written revocation of this authorization unless otherwise allowed by law. I understand that a revocation is not effective to the extent that Toby Beach, LMSW, PLLC has relied on the use or disclosure of the protected health information. I understand that once information has been disclosed, Toby Beach, LMSW, PLLC can no longer protect it from further disclosure.

\_\_\_\_\_  
Signature of Client or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Personal Representative

If signing as a parent, guardian or personal representative of the Client, describe the relationship and the sources of authority to sign. \_\_\_\_\_