Tara Gilmaher, LMFT, CA #121152, NV # 4012-R
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Authorization to Exchange Confidential/ Protected Health Information

I, ____ hereby authorize Tara Gilmaher, Licensed Marriage & Family Therapist, ("Provider") to exchange confidential information obtained during the course of my treatment with

____
Name: (i.e., Physician, Therapist, Provider, Spouse/ Family Member, etc.)
Address: E-mail address:

*Please note: Therapist's email is NOT via HIPPA Compliant Servers

____

City______________________________State__________Zip____________

____
Office Telephone // Cell Phone

This authorization permits the exchange of the following information:

_____ Any and all information necessary
_____ Diagnosis
_____ Progress to Date
_____ Patient Records
_____ Other
_____ Treatment Plan
_____ Clinical Test Results
_____ Summary of Treatment
_____ Prognosis
_____ Treatment Dates
_____ Safety / Harm Reduction Plan

I authorize the release of information described above for the sole purpose(s) of Treatment Coordination, and the recipients authorized in this exchange may use the information described above solely for that purpose.

I understand that I have a right to receive a copy of this authorization. I understand I have a right to revoke this authorization at any time, unless Provider has taken action in reliance upon it. I also understand any cancellation or modification of this authorization must be in writing and received by Provider to be effective. I understand the provider cannot condition treatment upon me signing this authorization. I understand the health information exchanged pursuant to this authorization may be subject to re-disclosure by Recipient, and that the Federal Privacy Rule may no longer protect such information, although re-disclosure of such information may be protected by applicable California law.

This authorization shall remain valid until:______________________("Expiration Date").
If no date is listed, this authorization will expire 1 year from date signed.

Signed By: ____
Client's Signature Date

____
Second Client/ Parents/ Guardians' Signature Date