

# HYGEIA COUNSELING SERVICES<sup>SM</sup>

a d u l t p s y c h o t h e r a p y



## AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

For this authorization, "My Health Information" is:

- Complete Record (all)       Abstract Record (discharge summary, recent notes, test results)
- Discharge Summary       Operative Report       Pathology Report
- Outpatient Record       Drug & Alcohol Treatment Record       Immunization Record
- Mental Health Records       Admission History & Physical       Emergency Room Record
- Diagnostic Test/Results (lab, x-rays, and other test results)
- Free give and take discussion

Other: \_\_\_\_\_

I authorize \_\_\_\_\_ to disclose My Health Information to Michael Reeder / Hygeia Counseling Services for the purposes of:

Coordination of ongoing treatment

Other: \_\_\_\_\_

**My Health Information should be faxed to 877-823-3439 or mailed to Hygeia Counseling Services, 10482 Baltimore Ave Suite 193, Beltsville, MD 20705.**

I understand there may be a charge for copying and handling my request. I understand all fees would be in compliance with legal guidelines. By signing this authorization, I agree to pay such fees if requested.

This authorization is valid for one (1) year from date of signature, or until revoked in writing.

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ SSN#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Version 12/8/06

WASHINGTON & BALTIMORE LOCATIONS

Voicemail & Fax: 877-823-3439 : <http://www.hygeiacounseling.com> : [michael@hygeiacounseling.com](mailto:michael@hygeiacounseling.com)

Mailing Address: 10482 Baltimore Ave #193, Beltsville, MD 20705