

**Adam J. Pletter, Psy.D.**

**Child, Adolescent, and Adult Psychotherapy  
Psychological Consultation**

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**Authorization To Use And Disclose Protected Health Information**

I am completing this form to allow the use and sharing of protected health information about

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_ Parent name: \_\_\_\_\_

Dates of care included: From \_\_\_\_\_ to \_\_\_\_\_

I authorize **Dr. Pletter** to use or disclose (share) the following information to person and/or organization listed below:

- Telephone discussion regarding treatment.
- Psychological, psychiatric, and/or educational evaluation(s), reports and assessments.
- Treatment notes, summaries, academic records, or other documents with diagnoses and/or clinical data.
- Complete copy of the client's record.                       Other: \_\_\_\_\_

**Name(s)/Phone #(s)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand and agree that this Authorization will be valid and in effect for **one year**. I understand that after that date or event, no more of this information can be used or released to the person or organization unless I sign a new Authorization like this one.

I understand that I can revoke or cancel this authorization at any time by sending a letter to Dr. Pletter. If I do this, it will prevent any releases after the date it is received but cannot change the fact that some information may have been sent or shared before that date.

I understand that I do not have to sign this authorization and that my refusal to sign will not affect my abilities to obtain treatment from the professional or facility listed above, nor will it affect my eligibility for benefits. I understand that I may inspect and have a copy of the health information described in this authorization.

I understand that if the person or entity that receives the information is not a health care provider or health plan covered by federal privacy regulations, the information described above may be redisclosed and no longer protected by those regulations. I affirm that everything in this form that was not clear to me has been explained and I believe I now understand all of it.

\_\_\_\_\_  
Parent/Patient/Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Patient/Personal Representative

\_\_\_\_\_  
Date