Consent to Release Information

Tampa Psychology, Brian Nussbaum, Psy.D.
27446 Cashford Circle #101
Wesley Chapel, FL 33544
(813) 545-7754

Client's Name: ____ DOB:_____ / _____ / _____

Address:_____________________________________ City:_________________________ State:______ Zip:__________

Phone: _____________________________

I authorize Tampa Psychology, Brian Nussbaum, Psy.D. to release the information described below to:

Name: ____

Address:_____________________________________ City:_________________________ State:______ Zip:__________

_____Complete Record
_____Records for the following dates:____
_____Other, specify____

I understand that this information may be protected by Title 42 (Code of Federal Rules of Privacy of Individually Identifiable Health Information, Parts 160 and 164) and Title 45 (Federal Rules of Confidentiality of Alcohol and Drug Abuse Patient Records, Chapter 1, Part 2), plus applicable state laws. I agree that Tampa Psychology and its staff are not responsible for and cannot control any further release by the agencies or individuals this information is sent to.

I understand that this authorization is voluntary, and I may revoke this consent at any time by providing written notice, and after 120 days this consent automatically expires. I have been informed what information will be given, its purpose, and who will receive the information. I understand that I have a right to receive a copy of this authorization. I understand that I have a right to refuse to sign this authorization.

Your relationship to client: Self Parent/legal guardian Other (describe)_______________

If you are the legal guardian or representative appointed by the court for the client, please attach a copy of this authorization to receive this protected health information.

Client's Signature:______________________________ Date: ______ / ______ / ______

Parent/guardian/personal representative (if applicable)

Signature:______________________________ Date: ______ / ______ / ______

Witness (if client is unable to sign)

Signature:______________________________ Date: ______ / ______ / ______