'IKE LOA
Therapeutic Services

Authorization for Release of Records or Information

I, _____, authorize the use and/or disclosure of my protected health information for the purpose of the following:

I give 'Ike Loa Therapeutic Services authorization to use or disclose my protected health information with the following person and/or agency:

Name/Agency: _____
Address: _____
Phone Number: _____

Please check the specific health information you are authorizing for use and/or disclosure:

☐ Attendance records	☐ Treatment plan	☐ Other:
☐ Diagnosis/Assessment	☐ Name of new treatment provider	
☐ Medication	☐ Treatment recommendations	
☐ Evaluation/History	☐ Treatment progress report	
☐ Substance use	☐ Expected length of treatment	

Circle all applicable information should be released:

Verbal Electronic Written Other: _____

I understand that I may end this authorization at any time by giving written notice. However, I understand that this will not affect any actions taken before the receipt of my written notice. In addition, I understand that if I am giving this authorization as a condition of obtaining insurance coverage, and I revoke this authorization, this insurance company has a right to contest my claims under the insurance policy. I also understand that this office has no control over and is not responsible for what the persons and/or organizations named in this form will do with the information released or disclosed by this office. I also understand that upon my written request, 'Ike Loa Therapeutic Services must provide me with a record of any subsequent disclosures made for legal, administrative, or quality assurance purposes.

I have read and understand the content of this authorization and I agree with all statements made. I understand that, by signing this form, I am giving 'Ike Loa Therapeutic Services authorization to use and/or disclose the protected health information described in this form with the person/agency named in this form.

Client Name: _____

Client Signature: _____ Date: _____

Address:_____ Phone:_____

If Client is a Minor, please have parent/legal guardian sign below:

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____ Date: _____

Relationship to Minor: _____