

Couples Counseling of Amherst, LLC
Marlene Meinelt LICSW, CST
409 Main Street, Suite 122 Amherst, MA 01002
413-345-2991
413-825-0081 Fax

RELEASE/REQUEST OF INFORMATION FOR YOUR PRIMARY CARE PROVIDER

Client's Name: _____ D.O.B. _____

I hereby authorize: **Marlene Meinelt LICSW, CST** to release information to or request information from your primary care provider/doctor/nurse practitioner or those employed by your primary care provider authorized to release information:

Telephone number: _ _____

Marlene Meinelt LICSW, CST and your doctor's office named above may obtain/release information to discuss my mental health treatment information and records obtained in the course of psychotherapy treatment, including, but not limited to, therapist's diagnosis. This information is needed for the purpose of: discussion of referral to therapy, ongoing coordination of care, medication management, and/or ongoing evaluation.

I understand that **Marlene Meinelt LICSW, CST** abides by Federal Confidentiality Regulations (42 CFR, Part 2) published July 1, 1975, revised 1987, which protect the confidentiality of my records and that information contained in my record cannot be disclosed without consent unless otherwise provided for in the regulations.

Your signature below indicates that you understand that you have a right to receive a copy of this authorization. Your signature also indicates that you are aware that any cancellation or modification of this authorization must be in writing, and you have the right to revoke this authorization at any time unless the therapist stated above has taken action in reliance upon it.

Additionally, if you decide to revoke this authorization, such revocation must be in writing and received by **Marlene Meinelt LICSW, CST** at 409 Main Street, Suite 122, Amherst MA 01002 to be effective.

I herewith release and hold harmless **Marlene Meinelt LICSW, CST** from any liability for the release of any information provided in accordance with this directive.

Client's Signature:

Date:
