

Marie "Missy" Nicholas, LCSW  
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**CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION**

\_\_\_\_\_  
(Name of patient) (date of birth) (social security number)

I hereby authorize Marie "Missy" Nicholas, LCSW. \_\_\_\_\_ to disclose to \_\_\_\_\_ to obtain from:

\_\_\_\_\_  
Person(s) Organization

\_\_\_\_\_  
Address City State Zip Phone

information pertaining to my medical care and treatment including psychiatric, drug abuse and /or alcoholism records or communicable disease. Information required:

- |   |   |
|---|---|
| <input type="checkbox"/> Termination/Discharge Summary        | <input type="checkbox"/> Therapist Evaluations    |
| <input type="checkbox"/> Psychiatric/Psychological Evaluation | <input type="checkbox"/> Progress Notes           |
| <input type="checkbox"/> Medical History                      | <input type="checkbox"/> Psychological Assessment |
| <input type="checkbox"/> Treatment Plan                       | <input type="checkbox"/> Psychological Testing    |
| <input type="checkbox"/> Other (Specify) _____                |   |

This consent is for the period:  A. Beginning \_\_\_\_\_ and ending \_\_\_\_\_.  
 B. Duration of Treatment.  
 C. \_\_\_\_\_ months after patient signature.

The information authorized for release may include records which may indicate the presence of a communicable or non-communicable disease, including but not limited to diseases such as venereal disease, hepatitis, syphilis, gonorrhea and the human immunodeficiency virus, also known as acquired immune deficiency syndrome (aids).

**NOTICE TO PATIENTS:** Information in your medical record that you have or may have a communicable or venereal disease is made confidential by law and cannot be released without your permission except in limited circumstances including release to persons who have had risk exposures, release pursuant to an order of the court of the Department of Health, release among health care providers or release for statistical or epidemiological purposes. When such information is released, it cannot contain information from which you could be identified unless release of that identifying information is authorized by you, by an order of the court or the Department of Health or by law.

**PROHIBITION ON REDISCLOSURE/DRUG/ALCOHOL ABUSE RECORDS:** This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A GENERAL AUTHORIZATION FOR THE RELEASE OF MEDICAL OR OTHER INFORMATION IS NOT SUFFICIENT FOR THIS PURPOSE. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

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