

Dee M. Hudgens RN, MSW, LCSW LCSW
Dee's Counseling - re:Vive Counseling, Consulting and Training
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**AUTHORIZATION & REQUEST FOR RELEASE OF CONFIDENTIAL INFORMATION
AND PRIVILEGED COMMUNICATION**

In accord with my legal right to confidentiality and privileged communication relevant to the services that I have received, I authorize request

- The disclosure of confidential information from the files of
Dee M. Hudgens RN MSW LCSW LCSW
- Confidential information to be released by the following individual (s) to Dee M.
Hudgens RN MSW LCSW LCSW

Agency/Name: _____ Phone # _____

Address: _____
Street City Zip

- Summary report of services received
- Consultation and/or verbal communication between the above named parties
- Any and all records pertaining to services received
- Other _____

It is my understanding that this information will be used for

I issue this authorization with knowledge of the contents, as checked above, of the material or communications involved and with an understanding of the consequences. I issue this authorization voluntarily and free from duress of undue influence.

In accordance with federal regulations (42 CFR Part 2), which prohibits any further disclosure of this information, except with specific written consent of the person to whom it pertains, re-disclosure of this information is prohibited.

I agree to pay a reasonable fee, if any, for the preparation of the materials and hereby hold harmless the above-named practitioner from any liability relevant to the release of the confidentiality information or privileged communication.

Signature _____ Date _____

Signature _____ Date _____

Witness _____ Date _____