Dawn Robinson, LCSW, SEP
Licensed Clinical Social Worker

2512 E 71st St. Ste C
Tulsa, OK 74136

Phone 539-242-6888

I authorize Dawn Robinson, LCSW, PLLC to
____ Disclose information to ____ Request information from ____ Exchange information with

Name:
Address:
City: **State:** **Zip:**
Phone No: **Fax No:**

Information to be exchanged includes (please check and initial authorized information to be disclosed):

____ Admission Intake
____ Discharge Summary
____ Psychological Evaluation Report
____ Psychiatric Evaluation Report
____ Substance Abuse Report
____ Entire Record
____ Other:

____ Medical History, Lab Results
____ Diagnosis
____ Treatment Plan
____ Summary of Treatment
____ Progress Notes
____ Verbal or Written Progress Reports/Consultation

Purpose of Disclosure(s): _____ Comply with court order _____ Treatment of patient
_____ Response to referral source _____ Other: _____

This consent can be canceled in writing at any time. When a patient/legal guardian revokes consent, Dawn Robinson, LCSW, PLLC is not liable for items sent after the consent is signed but before the cancellation of consent is received in our office. This consent is effective until 90 days after treatment ends.

I understand that Dawn Robinson, LCSW, PLLC may (unless court ordered) hesitate to release information if Dawn Robinson, LCSW, PLLC states in writing that releasing the information would be harmful to the patient.

I, the undersigned, have read the above and authorized the request or disclosure of Protected Health Information as described. I understand that treatment is not conditioned upon the execution of this authorization. I understand that Dawn Robinson, LCSW, PLLC cannot assure that the recipient will maintain confidentiality of this information being authorized to be released. I understand that Dawn Robinson, LCSW, PLLC may charge a fee to provide copies of records and will apply guidelines and fee schedules established for compliance with the Oklahoma Open Records Act for this purpose.

If record includes information about substance abuse, patient must sign, including minors.

When sending information, send to the attention of:

Dawn Robinson, LCSW, SEP, RYT200
2512 E 71st St. Ste C
Tulsa, OK 74136

Patient Printed Name

Patient Signature (16 and over)

Signature of Parent or Guardian of Patient

Parent or Guardian of Patient Address

City State Zip

Patient Address

City State Zip

Patient Social Security Number Date of Birth

Date

Witness