

**Watershed Counseling & Consultation Services, LLC
and Grad School Coaching**

Jeanne L. Stanley, Ph.D.
8609 Germantown Avenue, Suite 2F
Philadelphia, PA 19118
(215) 397-7086

Authorization for Release of Healthcare Information

(Complete this form only if you would like me to have your permission to communicate with the person you list below)

I, (Client) _____, with the Date of Birth of ____/____/____, authorize Jeanne L. Stanley, Ph.D. to obtain/release (circle one or both) the following information:

- Verbal overview with provider listed below
- Treatment summary
- Psychological evaluation/assessment results
- Other (as specified here): _____

From and/or to (Person or Facility): _____

Address _____

City/State/Zip _____

Phone _____

For the purpose of:

- Treatment planning
- Continuity of care
- Other (as specified here): _____

This consent will begin on _____ and expire

- At the end of treatment
- Other event (please specify) _____ Date: _____

I am aware that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by the Privacy Rule. I understand that I have a right to cancel this authorization by writing to Jeanne L. Stanley, Ph.D. at 8609 Germantown Ave., Philadelphia, PA 19118.

I understand the nature of this release and agree.

Client's Signature: _____ Date: _____

Client has been given a copy of this release