HIPAA Release Form

Please complete all sections of this HIPAA release form. If any sections are left blank, this form will be invalid and it will not be possible for your health information to be shared as requested.

I,_____, give my permission for The Playground-Counseling, Coaching & Consulting to share my mental health records with my insurance provider and any others listed below.

Name: _____

Organization: _____

Address: _____

Form of Disclosure: please check preference

____ Electronic copy or access via a web-based portal

____ Hard copy

I understand that the person(s)/organization(s) listed above may not be covered by state/federal rules governing privacy and security of data and may be permitted to further share the information that is provided to them.

I understand that I am permitted to revoke this authorization to share my health data at any time and can do so by submitting a request in writing to:

In the event that my information has already been shared by the time my authorization is revoked, it may be too late to cancel permission to share my health data. I understand that I do not need to give any further permission for the information detailed in Section II to be shared with the person(s) or organization(s) listed in section IV.

Signature: _____Date: _____

Print your name: _____

Guardian or Representative of client _____ Date _____