CONSENT FOR MEDICAL RELEASE & AUTHORIZATION FOR DISCLOSURE

8016 State Line Road, #205 Prairie Village, KS 66208

Phone: (816) 631-4933 Fax: (816) 264-6926

I, ______________________ , hereby authorize Jennifer Reed NP, LLC to:

_________(initial) disclose information to

_________(initial) obtain information from

_________(initial) exchange information with

Name of Organization/Medical Provider: ____

Address: _____________________________City:_________________State:_____Zip:_______

Phone: _______________________ Fax: _______________________

The following information:

_________(initial) Summary of treatment to include dates of contact, diagnosis, prognosis, treatment plans, intake summary, medications, laboratory results, genetic testing results, substance abuse treatment, and hospital records including discharge summaries.

The purpose of this request:

- Assist the person or organization to which the disclosure is being made in their provision of services
- Obtain information important in evaluation and treatment of the client and to provide information to the person(s) or organization to which disclosure is being made.
- Continuity of care

This consent to disclose may be revoked by me at any time upon my written request except to the extent action has been taken in reliance theron. This consent (unless expressly revoked earlier) will expire one year after the close of the case.

I acknowledge that I am aware that certain information I am consenting to release is confidential and protected by Federal and State Law. I acknowledge upon signing this consent that I am waiving my rights under these laws and that I am aware of the specific protections I am afforded or I am waiving my right to being informed of the specific provision of these laws. Statute – 42 CFR-Part2. K.S.S 65-5601 to 65-5605, inclusive.

It is expressly understood that photocopies/fax of this authorization shall be as valid as the original.

____

Patient Signature **Date**

____

If Patient is a Minor (Guardian Signature) **Date**

JENNIFER REED NP