

**Karen J. Gieseke, Ph.D. & Associates**  
**42 Valley Rd. #3C**  
**Middletown, RI 02842**  
**(401)842-0009**

**AUTHORIZATION TO RELEASE/REQUEST INFORMATION**

CLIENT'S NAME \_\_\_\_\_ DOB: \_\_\_\_\_ PHONE #: \_\_\_\_\_

I hereby request and authorize \_\_\_\_\_ (staff member)

Karen Gieseke, Ph.D. & Associates  
42 Valley Rd. #3C  
Middletown, RI 02842

(Check one)

\_\_\_\_\_ To disclose to      \_\_\_\_\_ Receive from      \_\_\_\_\_ Exchange with

Name \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

The following specific information from my records:

Dates of treatment \_\_\_\_\_

Type of treatment: \_\_\_\_\_ Mental Health \_\_\_\_\_ Alcohol/Drug \_\_\_\_\_ Other(specify) \_\_\_\_\_

**INFORMATION TO BE REALEASED:**

_____ Verbal Information	_____ Psychiatric Evaluation	_____ Discharge Summary
_____ Assessment Summary	_____ Psychological Evaluation	_____ Physical Exam
_____ Treatment Plan	_____ After Care Plan	_____ Radiology, lab reports

Other ("all records" not acceptable) please specify \_\_\_\_\_

\_\_\_\_\_

The purpose of such disclosure is: \_\_\_\_\_

I understand that I have the right to inspect and receive a copy of the material to be disclosed as required under ss.HSS 92.05 and 92.06. This consent is given voluntarily and I understand that treatment services are not contingent upon my decision concerning this release of information. I may revoke this authorization at any time except to the extent that information already released pursuant to this consent cannot be recalled.

This authorization is effective for one year from date of signing or as specified by the condition stated:

Signed Client \_\_\_\_\_ Date \_\_\_\_\_  
Signed Witness \_\_\_\_\_ Date \_\_\_\_\_

To Recipients of Information: This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2.

(Copy effective as original)