John Migueis, LCSW | myHope Therapy Services, LLC
1812 Front Street, Scotch Plains, NJ 07076
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AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: _____ Date of Birth: _____

Previous Name: _____ Social Security #: _____

I request and authorize John Migueis, MSW, LCSW to release healthcare information of the patient named above to:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

This request and authorization applies to:

X Healthcare information relating to the following treatment, condition, or dates: **Assessment, content of Individual and family sessions, mental health diagnoses and symptoms, substance abuse/dependence diagnoses and symptoms, substance use behaviors, treatment interventions, family history, client and family reports and all other information obtained from family and client during sessions, phone contacts, email correspondence and all other mediums.**

X All healthcare information

X Other: **Opinions and clinical impressions held John Migueis, LCSW of client and family and client peers as requested from the above named requestor**

Definition: Sexually Transmitted Disease (STD) as defined by law, RCW 70.24 et seq., includes herpes, herpes simplex, human papilloma virus, wart, genital wart, condyloma, Chlamydia, non-specific urethritis, syphilis, VDRL, chancroid, lymphogranuloma venereuem, HIV (Human Immunodeficiency Virus), AIDS (Acquired Immunodeficiency Syndrome), and gonorrhea.

X Yes ♦ No I authorize the release of my STD results, HIV/AIDS testing, whether negative or positive, to the person(s) listed above. I understand that the person(s) listed above will be notified that I must give specific written permission before disclosure of these test results to anyone.

X Yes ♦ No I authorize the release of any records regarding drug, alcohol, or mental health treatment to the person(s) listed above.

Patient Signature: _____ Date Signed: _____

Parent Signature: _____ Date Signed: _____

Parent Signature: _____ Date Signed: _____

THIS AUTHORIZATION EXPIRES NINETY DAYS AFTER IT IS SIGNED.