

MARCIA JOHNSTON WOOD, Ph.D.  
Clinical Psychologist

5441 SW Macadam, #104, Portland, OR 97239  
Phone (503) 248-4511/ Fax (503) 248-6385

**AUTHORIZATION TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION**

CLIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

**I authorize Marcia Johnston Wood, Ph.D. to (initial all that apply):**

- receive my specific health information from the person(s) named below  
 provide/send my specific health information to the person(s) named below

Clinician/Facility Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Service or care they provide(d): \_\_\_\_\_

**I authorize this information to be used for (initial all that apply):**

- Continuation of mental health care  
 Insurance/ Quality Assurance/ Utilization Review  
 Coordination with medical providers  
 At the request of the individual  
 Legal issues (specify) \_\_\_\_\_  
 Other (specify) \_\_\_\_\_

**I authorize the exchange of the following information (initial all that apply):**

- Mental Health Session Notes  
 Billing Records  
 Mental Health Treatment Summary  
 School Records  
 Psychological Evaluation Reports  
 Consultations  
 Other Medical Records (specify) \_\_\_\_\_  
 HIV/AIDS-related records  
 Drug/alcohol diagnoses, treatment or referral information \* (specify): \_\_\_\_\_  
 Other (specify) \_\_\_\_\_

\* Federal Regulation requires a description of how much and what kind of drug/alcohol information is to be disclosed.

You agree to pay all reasonable charges that may be associated with providing the records you request.

I understand that any information that is exchanged with another person will be protected if that person is required to comply with the Federal Privacy Rule. If privacy laws do not apply, the information may not be protected and could be re-disclosed without authorization.

