805 S Church Street
Suite 20
Murfreesboro, TN 37130

TUCKER-HUGGINS & ASSOCIATES

1114 N Main Street
Suite B
Shelbyville, TN 37160

PCP Authorization to Disclose Protected Health Information

Client Name: _____ DOB _____

Address: _____ SSN _____

_____ Phone: _____

I hereby
AUTHORIZE_____ OR REFUSE_____

□ **Laura L. Tucker-Huggins, LPC/MHSP** □ **Deborah A. Driggs, LPC/MHSP** □ **Alison Hill, MMFT**
to release/exchange/receive verbal and written communication and information with the following identified **PCP**:

PCP NAME:_____ PHONE NUMBER:_____ FAX:_____

The following information:

□ Psychiatric/Psychological/Social History	YES _____	NO _____
□ Psychological, psychiatric, or neurological evaluations/testing/results	YES _____	NO _____
□ Physical Examination Results	YES _____	NO _____
□ Medical History	YES _____	NO _____
□ Current Medical Status	YES _____	NO _____
□ Medications Currently Prescribed	YES _____	NO _____
□ Substance Abuse/Dual Diagnosis	YES _____	NO _____
□ Periodic reports of current treatment progress, barriers to treatment, or prior treatment	YES _____	NO _____
□ OTHER: _____	YES _____	NO _____

The purpose of the disclosure of the above information is:

_____

I understand that this release of information is subject to revocation by me, in writing, at any time and that this release is not valid beyond one year (_____). I also understand that the person(s) or agency receiving this information is prohibited from making any further disclosure of such information except with my specific consent.

_____ _____
Signature Date

If not signed by client, state relationship to the client: _____

_____ _____
Witness Signature Date

This information has been disclosed to you from records that are confidential. Federal law protects this confidentiality. Federal regulation (42 CFR, Part 2) prohibits you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is <u>not</u> sufficient for this purpose.