

**Shanna Larson-Paola, MA, LMFT, S-PSB**  
**Creating Balance, LLC**  
**8115 E. Indian Bend Rd. Suite 119**  
**Scottsdale, Arizona 85250**

**Authorization Form for Release of Confidential Information**

This form, when completed and signed by you, authorizes me to discuss and/or release protected information from your clinical record to the person(s) you designate.

I authorize my therapist, **Shanna Larson-Paola**, to discuss and/or release the following information on behalf of: **Client (s) Name (Please Print)**:

- 
- Protected Health Information       Intake/Summary       Psychotherapy notes
- Psychological and/or Psychiatric Exam       Testing Results
- Thank You for Referral letter       Other \_\_\_\_\_

This information should only be discussed or released to (name, address, of person(s) to whom the information is to be released):

---

I am requesting my therapist to release this information for the following reasons (“at the request of the individual” is all that is required if you are my client and you do not desire to state a specific purpose):

---

This authorization shall remain in effect until \_\_\_\_\_, (Date), not to exceed 1 year from today's date.

**You have the right to revoke this authorization, in writing, at any time by sending such written notification to my office address or delivering to me in person.**

However, your revocation will not be effective to the extent that I have taken action in reliance on the authorization or if this authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim or:

---

*I understand that my therapist generally may not condition psychological services upon my signing an authorization unless the psychological services are provided to me for the purpose of creating health information for a third party.*

I understand that information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient of your information and no longer protected by the HIPAA Privacy Rule.

---

**Printed name of client**

---

**Printed name of spouse/partner, parent/guardian**

---

**Client signature**                      **Date**

---

**Spouse/partner, parent/guardian**                      **Date**