

Schachner Associates, P.C.

Comprehensive Psychological Services

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AUTHORIZATION TO DISCLOSE INFORMATION TO

PRIMARY CARE PHYSICIAN OR SPECIALIST

I understand that my records are protected under the applicable state law governing health care information that relates to mental health services and under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in state or federal regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it. This release will automatically expire twelve months from the date signed.

_____ **Client Name** _____ **Date of Birth**

I, (or on my child's behalf), hereby authorize **Schachner Associates** to:

Please check one:

- _____ Release any applicable information to my (or my child's) Primary Care Physician/Specialist.
_____ Release medication information only to my (or my child's) Primary Care Physician/Specialist.
_____ Not release information to my (or my child's) Primary Care Physician/Specialist.

_____ Client (14 and older) _____ Date

_____ Parent/Guardian _____ Date

_____ Witness _____ Date

Primary Care Physician/Specialist

Name _____

Address _____

Phone _____ Fax _____

Date of Initial Evaluation: _____

Chief Complaint: _____

DIAGNOSIS (DSM-V)

TREATMENT PLAN

AXIS I _____

Treatment Type

- Individual
 Family
 Couple
 Evaluation/Report

Modality

- Cognitive Behavioral
 Behavior Management
 Insight
 Play Therapy
Frequency: _____

AXIS II _____

AXIS III _____

AXIS IV _____

Mental Status: _____

AXIS V _____

(Continued on back)

Patient Name _____

Past Psychotropic Medications

Current Psychotropic Medications

Date _____

Date _____

Date _____

Clinical Updates

Date _____

Date _____

Date _____

This information has been disclosed to you from records protected by Federal Confidentiality Rules (42 CFR 2.1 et. seq.). The federal rules prohibit you from making any further disclosures of this information unless further disclosure is expressly permitted by (42 CFR 2.1 et. seq.). A general authorization for the release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Clinician

Date