

**Please complete this form for acupuncture or psychotherapy.**

**Cheryl DePetro LCSW-C, L.Ac.  
Licensed Social Worker/Licensed Acupuncturist  
38 Mellor Ave 2<sup>nd</sup> floor rear  
Catonsville MD 21228  
410-747-9743**

**Authorization Form**

This form when completed and signed by you, authorizes me to release protected information from your clinical record to the person you designate. It is required for me to bill your insurance company or EAP for all services rendered.

I authorize Cheryl DePetro LCSW-C/L.Ac. to release the following information (provide description of the information that you want disclosed. Be as specific as possible)

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This information should only be released to (name and address of person to whom information is to be released)

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I am requesting my Social Worker/Acupuncturist to release this information for the following reason (“at the request of the individual” is all that is required if you are my patient/client and you do not desire to state a specific purpose).

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I understand that my Social Worker/Acupuncturist cannot re-disclose information she received from another health care provider if that health care provider requested that it not be redisclosed.

This authorization shall remain in effect until (fill in expiration date-not to exceed one year)

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By signing this authorization, I am giving my permission to submit billing and information to maintain authorization to my insurance company, if my insurance is being billed for services. I understand that I have a right to revoke this authorization, in

writing, at any time by sending such written notification to the office address of Cheryl DePetro, 38 Mellor Ave 2<sup>nd</sup> floor rear, Catonsville MD 21228.

Disclosure without authorization:

The following conditions may require the release of your clinical information without your written authorization:

Disclosures as required by law

- Law Enforcement: information in conjunction with a criminal investigation by state, or federal law enforcement
- Judicial and Administrative Proceedings: information requested by subpoena
- Victims of Child Abuse, Neglect or Vulnerable Adult: disclosure of past and /or current abuse or neglect of children or vulnerable adults.
- Serious Threats to Health or Safety: You are threatening or committing harm to yourself or others
- Worker's Compensation: information requested to comply with local laws concerning a worker's compensation case.

You are entitled to receive a paper copy of this authorization.

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.

\_\_\_\_\_ date \_\_\_\_\_  
Signature of the Client/Patient/Parent of minor

\_\_\_\_\_ date \_\_\_\_\_  
Cheryl DePetro LCSW-C/L.Ac