WES CRENSHAW, PHD ABPP
FAMILY PSYCHOLOGICAL SERVICES, LLC
2601 W 6th STE A ● LAWRENCE, KS 66049 ● 785-371-1414

There are times when you may want your Protected Health Information (PHI) released to other individuals like a spouse, parent, guardian or other family member. Because your records are confidential, we will need your signed consent to release your PHI. Release of PHI includes written records, verbal information, and that transmitted by text or email.

Parents/Guardians: To speak with you on behalf of your child (over the age of 18) about his or her PHI, we are required to have written consent from the child.

If you want to share your PHI with someone else, please complete all sections carefully and return to Family Psychological Services. This form is available to be filled out online at www.dr-wes.com.

Section 1 — Person Authorizing Release and Scope of Release

First Name: _____

Last Name: _____

Date of Birth: _____

Address: _____

City: _____

State: _____ Zip Code: _____

I authorize the release of (check one box):

- ❑ All information by all channels (including: telephone, web and written) about any aspect of my treatment at Family Psychological Services.
- ❑ All information by all channels (including: telephone, web and written) about any aspect of my treatment at Family Psychological Services ***excluding*** psychotherapy notes which have a greater protection under HIPAA.
- ❑ Only information necessary for verbal or secure online consultation about my case (e.g., consultation and case coordination with the person named below).
- ❑ Specific information about my treatment at Family Psychological Services as follows:

Pertaining to this time period (check one box):

- ❑ Any or all dates.
- ❑ Range of dates from:

  _____ (MM DD YYYY) to _____ (MM DD YYYY)
- ❑ Specific date:

  _____ (MM DD YYYY)

Release my information to (check one box):

- ❑ Only The Individuals listed in Section 2.
- ❑ All providers and hospitals.
- ❑ The following providers and hospitals only:

Dependent child authorization (under age 18):

- ❑ I authorized the release of PHI for my dependent(s) listed below:

Section 2 — Destination of Release

Please release my information to the following people:

First Name: _____ Relationship: _____

Last Name: _____ Phone: _____ Fax: _____

Email*: _____

First Name: _____ Relationship: _____

Last Name: _____ Phone: _____ Fax: _____

Email*: _____

First Name: _____ Relationship: _____

Last Name: _____ Phone: _____ Fax: _____

Email*: _____

* By providing an email address, I release Family Psychological Services to use this method of communication with this individual by email and understand that these communications may not be completely secure while traveling the Internet. Do not provide email if you do not want this form of communication used.

The purpose of this release is to:

❑ Coordinate my treatment with the above-cited individual or allow them to participate in my care.

❑ Other (please specify):

Section 3 — Authorization

I understand the information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by federal privacy regulations. This authorization is valid until one year after my last appointment at Family Psychological Services or until such time as written revocation has been received by Family Psychological Services.

In addition, I understand that I may revoke this authorization at any time by notifying Family Psychological Services in writing and that revocation of this authorization will not affect any action taken in reliance of this authorization before the written revocation was received. If signing authorization as Power of Attorney, Power of Attorney for Health Care or Guardian/Conservator, a copy of the legal document must accompany this form.

Your Signature is Required →

Client or Guardian Date Signed

When completed, please mail, email or fax to:

Family Psychological Services, LLC
2601 W 6th ST STE A
Lawrence, KS 66049-4319
Email: carriepoemba@fpskansas.com
Fax: 785-371-1414

Note: Please keep a copy of this form for your files.