

AUTHORIZATION FOR RELEASE OF INFORMATION
Megan Carlson, MA, LPC, Ltd
License Number PC006425
484.402.6673

I, _____ (Date of Birth: _____), hereby authorize
MEGAN CARLSON, MA, LPC, Ltd to **release** / **obtain** my information
as listed below to/from:

Person/Entity Authorized to Receive or Release Information: _____

Address and/or Phone Number: _____

Description of Information to be Released: _____

Special Records: Include the following medical records if such information is included
in your records. Checking the boxes is not a representation that such information exists.

- Include Drug and Alcohol Treatment Records (protected by the Pennsylvania
Drug & Alcohol Abuse Control Act, 71 P.S. § 1690.108)
- Include Sexual Abuse/Assault and Domestic Violence Counseling Records
(protected by 42 Pa.C.S.A. § 5945.1 and 23 Pa.C.S.A. § 6116, respectively)

Purpose of Release of Information: _____

This authorization will expire ONE YEAR after the date of this request unless otherwise
specified (Specified expiration date: _____). I understand that I may revoke
this authorization at any time by notifying my provider or by notifying the provider or
entity that is authorized to receive these records. I understand that revocation will not
have any effect on actions taken prior to any revocation. This authorization is voluntary.
I understand that if the organization authorized to receive the information is not a health
plan or health care provider, the information may no longer be protected by federal
privacy regulations. I also understand that this information may be rereleased and no
longer protected. By signing below, I certify that I understand the nature of this Release.
If mental health records are being released as permitted by the Mental Health Protection
Act, I understand that I have a right subject to 55 Pa. Code § 5100.33, to inspect the
material to be released. By signing below, I authorize the release of the information
requested and specifically waive the confidentiality protection afforded by Pennsylvania
statutory law for the Special Records indicated above.

Client Signature: _____ **Date:** _____