

**Dr. Nadia Delshad, PsyD, LPC, LCMHC**

Phone: (603) 552-5664

[www.eftplcc.com](http://www.eftplcc.com)

**Authorization for Release of Health Information**

Regarding: (*Name of individual*)

Date of Birth:

**I authorize:** Dr. Nadia Delshad to use and disclose a copy of the individual's following health information:

Other:

to: (*Name, address, and telephone number of recipient*) *at the individual's request.*

Laws relating to the use and disclosure of the types of records or information listed below may apply. By initiating the “**YES**” spaces, I understand and agree that this information will be disclosed.

Mental health information	YES	NO
Drug/alcohol diagnosis, treatment, or referral information	YES	NO
HIV/AIDS information	YES	NO
Genetic testing information	YES	NO

I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure and no longer be protected under federal law. However, I also understand that federal or state law may re-strict re-disclosure of mental health information, drug/alcohol diagnosis, treatment or referral information, HIV/AIDS information, and genetic testing information.

You do not need to sign this authorization. Refusal to sign the authorization will not prevent you from receiving services from Dr Nadia Delshad (unless the services are solely to disclose health information to someone else and the authorization is necessary to make that disclosure).

You may revoke this authorization in writing at any time. If you revoke your authorization, the information described above may no longer be used or disclosed as described (unless a covered entity has already taken action in reliance on this authorization).

To revoke this authorization, please send a written statement to Dr Nadia Delshad at [drnadiadelshad@icloud.com](mailto:drnadiadelshad@icloud.com) and state that you are revoking this authorization.

I have read this authorization and I understand it. Unless stated otherwise in or on this authorization, this authorization will remain in effect until is it revoked.

Signature:

Date