



8050 SW Warm Springs St., Suite 130,
Tualatin, OR, 97062

www.rosecitytherapeutics.com

AUTHORIZATION TO REQUEST OR DISCLOSE PROTECTED HEALTH INFORMATION

Completion of this form will serve as written permission for the Rose City Therapeutics practitioners that you indicate to communicate with the individuals you list below, only in the manner you specify. This authorization will be considered valid throughout the course of treatment unless otherwise requested by the client and/or guardian(s).

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

I authorize release of information between (please indicate your practitioner(s) at Rose City Therapeutics):

- | | | |
|---|---|--|
| <input type="checkbox"/> Jim Markovics PhD
Rose City Therapeutics LLC
971-224-4089
drjim@rosecitytherapeutics.com | <input type="checkbox"/> Jen Markovics PhD
Rose City Therapeutics LLC
971-224-4089
drjen@rosecitytherapeutics.com | <input type="checkbox"/> Carol Markovics PhD
Carol Markovics LLC
503-563-5438
dr.carol@me.com |
|---|---|--|

And the following individuals:

Name and Relationship or Title	Contact Information	Shared Information May Include:
_____	_____	<input type="checkbox"/> No restrictions , all information relevant/pertinent to coordinating client treatment - OR - <input type="checkbox"/> Session notes only <input type="checkbox"/> Evaluation reports only <input type="checkbox"/> Informal progress updates only <input type="checkbox"/> Other: _____

Communication to/from these individuals may occur in a variety of ways (in person, phone, email, fax, etc.). Please know that you have the right to restrict how information about you or your child is shared. Kindly indicate any restrictions you wish to request regarding how information about you or your child is shared with the above named individuals:

- I do not have any restrictions on how information is shared.
- I wish to apply the following restrictions (i.e., phone calls only, no emails, etc.): _____

Client/Guardian Signature: _____ **Date:** _____

Printed Name/Relationship to client: _____