

Tiffany Griffiths, Psy.D. & Associates, Inc.

502 N. Blakely St.
Dunmore, PA 18512
(570) 342-8434

406 N. State St.
Clarks Summit, PA 18411
(570) 342-8434

470 Wyoming Ave.
Kingston, PA 18704
(570) 654-4357

1031 Main St.
Peckville, PA 18452
(570) 342-8434

Authorization to use/disclose and/or obtain protected health information

I, _____, am completing this form to allow the use/disclosure of protected health information about _____.

Patient DOB: _____

I authorize Tiffany Griffiths, Psy.D. & Associates, Inc. to use/disclose and/or to obtain the following information:

- Status as a patient and dates seen.
- Psychological evaluation(s), which can include psychosocial history, symptoms, behavioral observations, diagnosis, results of testing, prognosis, and recommendations.
- Mental status exam, assessment, diagnosis, prognosis and recommendations for a third-party (i.e., for disability determination, court-ordered therapy, child-custody, coordination of care, etc.)
- Billing records
- Raw test data
- Session notes
- Treatment plan for third-party payor, which will include all or part of the following: dates seen, diagnosis, symptoms, treatment goals, progress, prognosis, and recommendations.
- Psychosocial history
- Other _____

To/from this person or organization _____
on this date, _____, until _____.

The dates of care include from _____ until _____.

Signature of client or his/her legal representative

Relationship to client

Printed Name of client or legal representative