

STACEY B. SHAPIRO, LCSW, LLC

**AUTHORIZATION FOR RELEASE for the
USE OF CELL PHONE, TEXT, FAX, E-MAIL, and VOICEMAIL COMMUNICATIONS**

Date: _____

_____ Date of Birth _____
Full Name

Address _____

City _____ State _____ Zip _____

Telephone Numbers: _____

Email Addresses: _____

I, _____, grant consent for my therapist Stacey B. Shapiro, LCSW, RPT-S to correspond with me via cell phone, fax, text, e-mail, and the use of voicemail for the purpose of scheduling appointments, treatment planning, diagnosis or conveying general information about my care and/or services. I understand that cell phone, fax, e-mail, and the use of voicemail communications are not secure forms of communication and that confidentiality of any cell phone, text, fax, e-mail, and voicemail information cannot be ensured. Please be advised that email, text, and the use of voicemail are not to be used in order to communicate urgent matters or emergencies.

Please initial here to indicate you understand the above: _____

THIS AUTHORIZATION IS VALID UNTIL: _____
(Must have date within next 12 months)

I understand that I may revoke this authorization at any time, but not retroactive to the release of information made in good faith by writing to the above specific parties. I understand that information released by this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law.

It has been explained to me that if I decline to consent to this release of information, the following are the consequences: Limited treatment and communications.

Signature of Person Authorizing Date Signature of Witness

Relationship to Client

[] *I have chosen to receive a copy of this form* [] *I have chosen not to receive a copy of this form*

In accordance with Federal Regulations (42 CFR Part 2 and 45 CFR Part 160 and 164) and Pennsylvania State Regulations: This information has been/is being disclosed to you from records whose confidentiality is protected by Federal and State Law. Regulations limit our/your right to make any further disclosure on this information without the prior written consent of the person to whom it pertains, or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.