WAYZATA BAY™
WELLNESS LLC
DR. KRISTI K. PHILLIPS/LICENSED PSYCHOLOGIST
WAYZATABAYWELLNESS.COM

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Wayzata, MN 55391
(320) 582-3762

Authorization to Release Information

I hereby authorize Wayzata Bay Wellness to disclose the following protected health information:

□ Entire File □ Treatment Summary □ Dates of Treatment

□ Diagnosis □ Other: _____

This disclosure is specific to the following Recipient:
Name of person or organization: _____
Address: _____
Phone Number: _____

I authorize the disclosure of the health information described above for the following purpose:

_____
_____

After giving due consideration to the extent of this release, I authorize Wayzata Bay Wellness to furnish information, including photocopies of my psychological records concerning my evaluation or treatment, to the above individual, organization, or to its agents. I further agree to indemnify and hold harmless Wayzata Bay Wellness from all liability that may arise from the release of the information herein requested.

I understand that the records released may contain alcohol and drug treatment information, medical information, AIDS/HIV information, or psychiatric and psychological information.

I understand that I may revoke this consent in writing at any time, except to the extent that action has been taken in reliance on it, and that in any event this authorization is valid for a period of one hundred eighty (180) days from the date of my signature.

I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

_____ _____

Signature Date

_____

Printed name