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CONFIDENTIALITY RELEASE OF PERSONAL INFORMATION

In compliance with Health Insurance Portability and Accountability Act,
U.S. Department of Health and Human Services, 2003

I, _____, hereby authorize
Eva Giedt PMH NP (psychiatric/mental health nurse practitioner) to disclose/obtain
information including diagnosis and treatment to/from:

Disclosure of information authorized is for the following purpose:

And disclosure shall be limited to the following specific types of information:

This consent is subject to revocation by me at any time except to the extent that action
has been taken and, if not earlier revoked, it shall terminate me on:

I understand that I have a right to receive a copy of this authorization.

CLIENT: signature _____ Date: _____

COUNSELOR: printed _____ Date: _____

PARENT OR LEGAL GUARDIAN if under 18: _____