PAT BATHURST

Pat Bathurst , M.A., M.F.T.
License # 38098

471 E. Tahquitz Canyon Way
Ste. 213
Palm Springs, CA. 92262
760.972.7194

Authorization to Use and Disclose Health Information

Name of Patient: _____

Hereby authorizes Pat Bathurst, M.F.T. (MFT # 38098) and _____ to exchange my health records and information obtained during the course of treatment. The disclosure of such records authorized herein is required for the purpose of providing consultation, case management, carrying out treatment, payment activities, and /or healthcare operations.

Such disclosure shall be limited to the following specific information:

_____

This consent shall expire on: _____

The patient can request a copy of this authorization. The patient has a right to refuse to sign this form. The patient understands that information that is used or disclosed according to this authorization may be subject to re-disclosure by the recipient. The Provider will not make providing treatment a condition of signing this Authorization. The patient is entitled to receive a copy of this form. For revocation of this form, the patient must provide a written request to the clinician name above. California law may provide additional protection regarding the possible re-disclosure as stated above.

_____ _____

Date Client Signature

THERAPIST AND COUNSELOR
PALM SPRINGS, CALIFORNIA