



Stacy Tessler, MA AMFT  
 Elara Montagno, MS, AMFT  
 Lindsay Boyce, MA, Coach  
 Dr. Regina Huelsenbeck, PhD  
 Clinical Psychologist, PSY25050  
 858.724.3332 (f) \* 858.353.8530 (m)

I understand that Rituals of Healing has an obligation to keep my personal, identifying information, and my records confidential. I can also choose to allow Rituals of Healing, Inc. to release and share my protected health information (PHI) with identified individuals or agencies.

I, \_\_\_\_\_, authorize Rituals of Healing, Inc., \_\_\_\_\_ to release and/or share my protected health information and records with the following agency or person(s):

<b>Name Person/Agency</b>	
-------------------------------	--

<b>Contact Information (phone, email, address)</b>	
--	--

<b>What info may be shared: please specific an any limitations</b>	<i>Diagnoses, treatment planning, progress in treatment, test results, engagement and progress</i>
<b>Purpose of sharing this information:</b>	<i>To coordinate highest and best level of care</i>

**I understand:**

- That I do not have to sign this release form. Signing this release form is completely **voluntary**.
- That releasing information about me could give another agency or person information about my clinical care, protected health information, and would confirm that I have been receiving services from Rituals of Healing, Inc.
- Once released, Rituals of Healing cannot control what happens to my Protected Health Information (PHI). Once PHI is released to another person/agency, no longer exclusive to Rituals of Healing, Inc.
- Rituals of Healing is not responsible for what happens to my PHI once released to another covered entity.
- I may withdraw **my consent** to this release at any time.
- I understand that this release is bi-directional and approved the sharing of my PHI to and from Rituals of Healing and covered entity listed above.

**Client Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Client Printed Full Name** \_\_\_\_\_

This release will expire in one of 3 ways:  
 1. upon client cancellation of release 2. Automatically, in two years postdate of client signature  
**or** 3. Automatically, at one-year post last completed psychotherapy session, whichever is the latter.

Rituals of Healing, Inc. 621 2<sup>nd</sup> Street, Suite A  
 Encinitas, California 92024 [www.RitualsofHealing.com](http://www.RitualsofHealing.com)