

**Kim Richan, MSW**  
**2910 E. Madison \* Seattle, WA, 98112**  
**206-708-4622**  
License #LW60363402

**Authorization for Release of Information**

**I. Information About Disclosure**

**I hereby authorize Kim Richan, MSW (License #LW60363402) the right to use or disclose my individually identifiable health information as described below. I understand this authorization is voluntary and that I may revoke it at any time by submitting a written request of revocation to the relevant parties. \_\_\_\_\_ (Initial)**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Persons/organizations authorized to receive information about my care/treatment by Kim Richan, MSW:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of information to be used or disclosed:

\_\_\_\_\_  
\_\_\_\_\_

Reason for use or disclosure of information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This authorization is in effect until specific revocation by patient: Yes \_\_\_\_\_ No \_\_\_\_\_

OR

This authorization expires on: \_\_\_\_\_ (enter date or event)

**II. Important Information About Your Rights**

I have read and understand the following statements about my rights: \_\_\_\_\_ (Initial)

I may revoke this authorization at any time prior to its expiration date by notifying Kim Richan, MSW, of this decision in writing. However, this revocation will have no effect on actions taken by Kim Richan before receipt of revocation.

I may see and copy the information described on this form if I ask for it.

The information that is used or disclosed pursuant to this authorization maybe redisclosed by the receiving person/entity. I have the right to seek assurances from above named persons/entities authorized to receive information that they will not redisclose the information to any other party without my further authorization.

### III. Signature of Patient or Patient's Representative

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Signature of Patient

Date

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Printed Name of Patient

Phone Number of Patient: \_\_\_\_\_

Please return completed form to:

Kim Richan, MSW  
2910 E. Madison #210  
Seattle, WA 98112