FARDIS PSYCHOLOGY, PLLC

Dr. Makon Fardis
Licensed Clinical Psychologist

Phone: (202) 906 – 9614
Email: Fardis@gwu.edu

NPI: 1760781512
EIN: 83-0524012

2029 P St NW
Suite 302
Washington, DC 20036

7927 Jones Branch Dr.
Suite 6125
McLean, VA 22102

DC License: PSY 1000573
VA License: 0810006064
MD License 05330

Authorization for Use or Disclosure of Protected Health Information

First Name:	Middle Name:
Last Name:	
Date Authorization Initiated:	Date of Birth:
Authorization initiated by (therapist or client): Client	
Person(s) Authorized to Exchange Information with Dr. Makon Fardis:	

Information to be Released:

- ☒ Psychological/Psychiatric Assessment Information
- ☒ Psychological/Psychiatric Treatment Records
- ☐ Synopsis of Psychological/Psychiatric Treatment
- ☐ Psychological/Psychiatric Diagnosis
- ☐ Educational Records/Files
- ☐ Medical Assessment Information
- ☐ Medical Treatment Records
- ☐ Synopsis of Medical Treatment
- ☐ Medical Diagnosis
- ☐ Other (specify)

Purpose of Disclosure: The reason I am authorizing release is:

- ☒ My request
- ☐ Other (specify):

This Authorization will expire a year from when it is signed or upon the termination of therapy.

Please note that if you ask Dr. Fardis to share information with anyone, the recipient of that information may redisclose it, unless the recipient is governed by laws that limit the use and/or disclosure of confidential health information. If someone shares your health information with Dr. Fardis, he will not under any circumstance disclose it to anyone without your explicit permission and approval.

I authorize the release of my protected health information, as described in my directions above. I understand that this authorization is voluntary, that the information to be disclosed is protected by law, and the use/disclosure is to be made to conform to my directions.

Client Name	Signature	Date
Parent or Guardian (if under 18)	Signature	Date

Patient Rights and HIPPA Authorizations

The following specifies your rights about this authorization under the Health Insurance Portability and Accountability Act of 1996, as amended from time to time ("HIPAA")

- Tell your counselor if you don't understand this authorization, and the counselor will explain it to you.
- You have the right to revoke or cancel this authorization at any time, except: (a) to the extent information has already been shared based on this authorization; or (b) this authorization was obtained as a condition of obtaining insurance coverage.
- To revoke or cancel this authorization, you must submit your request in writing to provider at the following address: Dr. Makon Fardis – 2029 P St NW, Suite 302 – Washington, DC 20036
- You may refuse to sign this authorization. Your refusal to sign will not affect your ability to obtain treatment or payment or your eligibility for benefits. If you refuse to sign this authorization, and you have authorized your provider to disclose information about you to a third party, your provider has the right to decide not to treat you or accept you as a client in their practice.
- Once the information about you leaves this office according to the terms of this authorization, this office has no control over how it will be used by the recipient. You need to be aware that at that point your information may no longer be protected by HIPAA.
- If this office initiated this authorization, you must receive a copy of the signed authorization.

Special Instructions for Completing This Authorization for the Use and Disclosure of Psychotherapy Notes

- HIPAA provides special protections to certain medical records known as "Psychotherapy Notes."
- All Psychotherapy Notes recorded on any medium (i.e., paper, electronic) by a mental health professional (such as a psychologist or psychiatrist) must be kept by the author and filed separate from the rest of the client's medical records to maintain a higher standard of protection.
- "Psychotherapy Notes" are defined under HIPAA as notes recorded by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint or family counseling session and that are separate from the rest of the individual's medical records.
- Excluded from the "Psychotherapy Notes" definition are the following: (a) medication prescription and monitoring, (b) counseling session start and stop times, (c) the modalities and frequencies of treatment furnished, (d) the results of clinical tests, and (e) any summary of: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.
- In order for a medical provider to release "Psychotherapy Notes" to a third party, the client who is the subject of the Psychotherapy Notes must sign this authorization to specifically allow for the release of Psychotherapy Notes. Such authorization must be separate from an authorization to release other medical records.