Debra Steiger MSW LCSW
51 Newark Street Suite 401
Hoboken NJ 07030
201 282 6202

# CONFIDENTIALITY & HIPAA AUTHORIZATION FORM

I, _____ authorize Debra Steiger, MSW, LCSW to disclose my protected health information (PHI), for treatment, payment, and health care operations purposes with my consent.

I understand that I have a right to revoke this authorization, in writing, at any time by sending written notification to Debra Steiger, MSW, LCSW at the above address. I further understand that a revocation of the authorization is not effective to the extent that action has been taken in reliance on the authorization.

Unless you have specifically requested in writing that the disclosure be made in a certain format, we reserve the right to disclose information as permitted by this authorization in any manner that we deem to be appropriate and consistent with applicable law, including but not limited to, verbally, in paper formation or electronically.

I may use or disclose PHI without your consent in the following circumstances:

- If I have reason to believe you are a danger to yourself, I must contact your emergency contact person and/or psychiatric emergency services in order to ensure your safety.
- If I have reason to believe you intend to harm a readily identifiable victim, I must take steps to warn and protect that person. This may entail contacting local police departments, your emergency contact person and/or psychiatric emergency services in order to ensure their safety.
- If I have reasonable cause to believe that a child is being subject to abuse, I must report this to the NJ Division of Youth and Family Services.
- If I believe that a vulnerable adult is being subject to abuse, I must contact Adult Protective Services.

**In case of an emergency, I authorize Debra Steiger, MSW, LCSW to contact the following person(s):**

Name_____ Relationship_____ Phone: (_____)_____

Name_____ Relationship_____ Phone: (_____)_____

I have read and understand the above office policies and I agree to terms stated.

_____ _____ ____/____/____

Print Name Signature Date