

**HIPAA Authorization and Consent for Release of Confidential
Information to Rebecca's Business Partner Gioia Chilton (required)**

Creative Wellbeing Workshops, LLC

I, (client name printed) _____ give my consent to Rebecca Wilkinson (Provider) to discuss the following information with Gioia Chilton.

Gioia Chilton (pronounced Joya) contact information:

Phone number: 703 869 6395

Email: GioiaChilton@gmail.com

Type of information

- ✓ Financial/Billing
- ✓ Current Location/Status
- ✓ Mental Health/ Psychological Evaluation
- ✓ Records of Treatment
- ✓ History/Physical

I have read the above, understand, agree, and hereby consent to the release of this information for the sole purpose(s) stated above. I understand that I may revoke my consent at any time by notifying the provider in writing. Revocation will be effective upon and after the date that the revocation is received by the provider. Any documents released previous to that date are considered to be authorized and approved by me.

I understand that my records are protected under the Federal Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations.

Signature of Client

Date

Printed Name of Client

Signature of CWW Provider

Date

Printed Name of CWW Provider