



Light Mental Health, LLC

Kelly Hargett, FNP, PMHNP
1385 Lakeview Ave., Dracut, MA
(P) 978-545-1442
(Fax) 978-545-1552
www.light-mh.com

kelly.hargett@light-mh.com

Authorization for Release of Protected or Privileged Health Information from Light Mental Health, LLC

Patient: _____ Date of Birth _____

Address: _____
Street City State Zip

Preferred phone # _____

I hereby authorize: Light Mental Health, LLC 1385 Lakeview Ave. Dracut MA 01826

To Whom do you wish to release your records: Please Print

Records emailed will be sent via Secure Email only to the address listed on this form:

Email Address: _____ Fax to: _____

Your signature

This authorization is valid for 90 days and may be revoked at any time in writing prior to the expiration date.

Additional authorization for redisclosure beyond recipient is required.

Patient's Signature

Parent/Guardian's Signature

Reason for Leaving Light Mental Health, LLC:

Additional Feedback: _____