



Release of Information

Client information

Clients name: _____

Clients DOB: _____

Parent/Legal Guardian's name (if client is a minor) _____

Therapist Name: _____

Release Details

I consent to verbal and/or written release and exchange of information via email, phone, and/or fax between Healing Counseling Center Inc. (HCC) and:

Name of person or organization receiving information: _____

Phone Number: _____ Fax Number: _____

Street address: _____

City: _____ state: _____

Email address: _____

Information to be disclosed (initial all that apply)

Dates of attendance:

Diagnosis:

Financial information:

Medications:

Demographics:

Discharge Summary:

Intake assessment & History:

Evaluations and reports:

Treatment Plan:

Communicable diseases(HIV & AIDS):

Progress Notes:

Substance use information:

Purpose for disclosure (initial all that apply)

Continuity of care:

Coordination and collaboration of care:

Education Coordination:

Legal Purposes:

Personal use:

Other: _____

Consent

I authorize the periodic use and disclosure of information to the person, provider, organization, facility, and/or program(s) as often as necessary to fulfill the purpose identified herein:

I understand that:

1. This consent is voluntary and refusal to sign will not affect my ability to obtain treatment from HCC.
2. The information release may be related to drug abuse, alcoholism, alcohol abuse, psychiatrist conditions, and HIV/AiDS information all of which is protected by federal law.
3. I may revoke this authorization at any time, provided I Do so in writing and submit it to my HCC therapist or administrative staff. Revocation will take effect immediately once received by HCC staff except to the extent that HCC has already taken action upon my authorization.
4. This authorization will expire 1 year from the date of my signature unless a specific expiration date is indicated here: _____ or consent is otherwise revoked. Furthermore, I release HCC from any liability related to the discolore of the requested information.

Clients signature (parent legal guardian if client is a minor):

_____ Today's
date: _____

Ph:940-220-9307 fax: 833-263-6680