Authorization For Release of Protected Health Information

To be completed by the client or the client's authorized representative: (please print)

Name of Client: _____ Date of Birth: _____

I authorize LIFE Counseling Center to:

[ ] Release my confidential information to: **[ ] Request my confidential information from:**

Name: _____ ATTN (If applicable):_____

Telephone: _____ Fax: _____

Address: _____ City_____ State_____ Zip Code_____

Information may be released in the following manner:

[ ] Written documentation [ ] verbal communication

My authorization is for the use and disclosure of the following information:

[ ] Mental Health Treatment
[ ] Medical Treatment
[ ] Developmental Disability Services
[ ] Psychological/Neuropsych Evaluation
[ ] Psychiatric Evaluation
[ ] Medication reports/logs
[ ] Education Reports
[ ] Other_____

Purpose: The information received will be used for evaluation, collaboration, and to plan for and coordinate services for me and/or my family or for other purposes as specified: _____

_____

I understand that this release of information applies to all service providers and programs within LIFE Counseling Center. I can cancel this release at any time with written notice but that the cancellation will not affect any information that was already released before the cancellation. I understand that information about my case is confidential and protected by state and federal law. I approve the release of this information. I understand what this agreement means and am signing by my own will and have not been pressured to do so. This authorization is valid for one (1) year from the date it is signed.

_____ _____

Parent/Client Signature Date Provider Signature Date

To those receiving information under this authorization: This information disclosed to you is protected by state and federal law. You are not authorized to release it to any agency or person not listed on this form without specific written consent of the person listed on this form or the person to whom it pertains unless authorized by other laws.