Restoring Hope, Health, and Serenity

Serenity Point Counseling
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AUTHORIZATION / REQUEST TO RELEASE CONFIDENTIAL RECORDS AND INFORMATION

I hereby authorize ____ (person or facility)

to release information from records about ____ (Client's Name),

born on _____________________ and whose Social Security Number is __________________________________

to the following person or facility: ____.

Purpose of release:____

___ Further mental health care ___ Payment of insurance claim ___ Vocational rehab/ evaluation ___ Legal reasons

___ Disability determination ___ At the request of the individual ___ Other (specify): _________________________________

These records concern the time between (Authorization Date) _________________ and _____________________ (Expiration Date)

The specific mental health information to be disclosed is:

____

____

Authorization and Signature: I authorize the release of my confidential protected health information, as described in my directions above. I understand that this authorization is voluntary, that the information to be disclosed is protected by law, and the use/disclosure is to be made to conform to my directions. I understand that I may take back this consent verbally or in writing, at any time except to the extent that action based on this consent has already been taken. This consent will expire automatically one year from the date on which it is signed. Re-disclosure of any client information to other agencies is prohibited.

Client Signature: ____ Print Name: _______________________________________

Signature Date: ________________

Therapist Signature: ____ Print Name:_______________________________________

Signature Date: ________________

If signed by a personal representative: (a) Print your name: ____

(b) Indicate your relationship to the client and/or reason and legal authority for signing:

Patient is: ___ Minor ___ Incompetent ___ Disabled ___ Deceased

Legal authority: ___ Parent ___ Legal Guardian ___ Representative of Deceased

☐ Client offered copy/Client Accepted
☐ Client offered copy/Client Refused