Advanced Counseling Services, LLC

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AUTHORIZATION FOR RELEASE/EXCHANGE OF INFORMATION

Authorization for the use and disclosure of Protected Health Information (PHI) is only for the person or agency on this form. No responsibility can be accepted if it is made available to any other person or agency. Any duplication, transmittal, re-disclosure, or re-transfer of information is expressly prohibited.

I, _____, authorize Advanced Counseling Services to release/exchange by phone, fax, mail, or email the PHI from the client record(s) of:

_____

(First name/Last name/DOB)

With:_____

_____

(Name/Address of person/organization to which disclosure is to be made)

TO PARTY RECEIVING THIS INFORMATION: This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure without the specific written consent of the person to whom it pertains, or otherwise permitted by such regulations. A general authorization for the release of information is not sufficient for this purpose FOR CLIENT RECORDS APPLICABLE UNDER FEDERAL LAW 42 CFR PART 2.

I, the undersigned, understand that a copy of this signed authorization form is as acceptable as the original.

The protected health information to be disclosed includes the following:

___ Assessment Information

___ Treatment Summery

___ Diagnosis

___ Results of Psychological Testing

___ Treatment Planning Notes

___ Recommendations

___ Progress & Treatment Notes

___Other (please specify): _____

I understand that I may revoke this authorization at any time to the extent that action has been taken in reliance on it. I acknowledge that this authorization is voluntary and that payment or eligibility for benefits for my health care will not be affected if I do not sign this form. I also understand that the information disclosed as a result of this authorization may no longer be protected by privacy laws and may be disclosed by the company or individual receiving the information.

_____ _____ _____

Client Signature Parent/Guardian Signature Date

_____ _____

Witness Signature Date