

**Mill Springs Counseling, PLLC**  
**19 E Mountain, Suite 6, Fayetteville, AR 7270**

**Authorization to Release Information**

Name of Client \_\_\_\_\_ Date of Birth \_\_\_\_\_

I authorize *Mill Springs Counseling* (hereinafter "Provider") to disclose mental health treatment information and records obtained in the course of psychotherapy treatment, including, but not limited to therapist's diagnosis, of the client listed above to:

Name of Individual or Organization \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I authorize *Mill Springs Counseling* to send the following information: (Circle all that apply)

- Full Treatment Record
- Treatment Summary
- Dates of Treatment
- Psychiatric diagnosis(es)
- Other:

The above information will be used for the following purposes: (Circle all that apply)

- Treatment Coordination
- Diagnostic Refinement
- Treatment Planning
- Other:

I understand that I have a right to receive a copy of this authorization. I understand that any cancellation or modification of this authorization must be in writing. I understand that I have the right to revoke this authorization at any time unless Provider has acted in reliance upon it.

And, I also understand that such revocation must be in writing and received by Provider to be effective. I understand that this authorization will automatically expire after 1 year. Provider shall not condition treatment upon my signing this authorization and I have the right to refuse to sign this form. I understand that information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by the HIPAA Privacy Rule, although applicable Arkansas law may protect such information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Your relationship to the client Self: \_\_\_\_\_ Other: \_\_\_\_\_

*If other, please provide your legal name and relation to the client: \* If you are NOT the client, you will be asked to provide documentation on your authority to act on behalf of this individual.*