

REST COUNSELING
RELEASE OF INFORMATION

Authorization For Disclosure Of Mental Health Treatment Information

I, _____ [Insert Name of Patient/Client],
whose Date of Birth is _____, authorize to disclose to **REST Counseling Services LLC at 525 Woodland Square Blvd, #250, Conroe Texas 77384**

and obtain from: _____

the following information: (Patient/Client should initial each item to be disclosed) _____ Assessment
_____ Diagnosis _____ Psychosocial Evaluation _____ Psychological Evaluation _____ Psychiatric
Evaluation _____ Treatment Plan or Summary _____ Current Treatment Update _____ Medication
Management Information _____ Presence/Participation in Treatment _____ Nursing/Medical
Information _____ Educational Information _____ Discharge/Transfer Summary _____ Continuing Care
Plan _____ Progress in Treatment _____ Demographic Information _____
Other _____

Purpose This information may be used or disclosed in connection with mental health treatment, payment, or healthcare operations.

Revocation- I understand that I have a right to revoke this authorization, in writing, at any time by sending written notification to **REST Counseling Services LLC at 525 Woodland Square Blvd, #250, Conroe Texas 77384**. I further understand that a revocation of the authorization is only effective after the date that action has been taken to revoke the authorization and does not pertain to information already released.

Expiration- Unless sooner revoked, this authorization expires 364 days following date of signature.

Conditions- I further understand that REST Counseling Services LLC may condition my treatment on whether I give authorization for the requested disclosure.

Redisclosure- I understand that there is the potential that the protected health information that is disclosed pursuant to this authorization may be redisclosed by the recipient and the protected health information will remain protected by the HIPAA privacy regulations.

Date _____
Patient/Client

Date _____
Parent, Guardian or Personal Representative

Date _____
REST Counseling Services Representative