Marian Faller, LICSW, Cornerstone Counseling
10 Hillview Drive, Westerly, RI 02891
Telephone: 401-596-8800 Fax: 401-315-8831

Client: _____
DOB: _____
SS#: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby give my informed consent to: _____

Address _____

_____

Phone: _____ Fax: _____

to exchange information with **Cornerstone Counseling** regarding copies of and discussion related to my medical information, including, if applicable, protected drug and/or alcohol use, confidential HIV-related and psychiatric information ("Protected Health Information") for the purpose/s designated below. I understand that this release is subject to revocation at any time, except to the extent that any action has been taken in reliance thereon, and will automatically expire one year from date signed.

Unless otherwise noted, requests are for all episodes of care.

☐ Admission Assessment
☐ Discharge Summary
☐ Medical Information
☐ Medication Information
☐ Other (specify) _____
☐ Psychological Evaluation
☐ Education Report
☐ Progress Notes
☐ Recommendations for Care

Purpose of Disclosure: ☐ Assessment and Treatment Planning ☐ Discharge Planning
☐ Ongoing Mental Health Services ☐ Coordination of Care
☐ Other (describe) _____

- I agree that a copies or faxes of this authorization will be as valid as the original.
- I understand that my treatment by Cornerstone Counseling is in no way conditioned on whether or not I sign this authorization, and that I may refuse to sign it.
- I understand that under applicable law, the information disclosed under this authorization may be subject to further disclosures by the recipient and thus, may no longer be protected by federal privacy regulations.

Client/Legal Guardian	Date	Marian Faller, LICSW	Date

I have decided to withdraw or refuse my authorization for Cornerstone Counseling to obtain or disclose protected health information to the above person, provider or agency.

Client/Legal Guardian	Date	Staff Witness	Date

TO AGENCIES RECEIVING CORNERSTONE COUNSELING RECORDS: PROHIBITION OF RE-DISCLOSURE: THIS INFORMATION HAS BEEN DISCLOSED TO YOU FROM A MEDICAL RECORD WHOSE CONFIDENTIALITY IS PROTECTED BY STATE AND/OR FEDERAL LAW. ANY FURTHER RE-DISCLOSURE IS PROHIBITED. SEE FEDERAL CONFIDENTIALITY RULE 42.