Client Limited Release of Information Form

READ FIRST: Before you decide whether or not to let Anchored in Hope Trauma Therapy, LLC share some of your confidential information with another agency or person, an advocate at Anchored in Hope Trauma Therapy, LLC will discuss with you all alternatives and any potential risks and benefits that could result from sharing your confidential information. If you decide you want Anchored in Hope Trauma Therapy, LLC to release some of your confidential information, you can use this form to choose what is shared, how it's shared, with whom, and for how long.

Client: _____ DOB: _____

I understand that Anchored in Hope Trauma Therapy, LLC has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow Anchored in Hope Trauma Therapy, LLC to release some of my personal information to certain individuals or agencies.

I, _____, authorize Anchored in Hope Trauma Therapy, LLC to share the following specific information with:

Who I want to have my information:	Name: Agency/Organization: Phone Number:	Address:

The information may be shared: in person by phone by fax by mail by e-mail

I understand that electronic mail (e-mail) is not confidential and can be intercepted and read by other people.

What info about me will be shared:	*(List as specifically as possible, for example: information about mental health treatment).*
Why I want my info shared: (purpose)	*(List as specifically as possible, for example: continuity of care).*

Please Note: there is a risk that a limited release of information can potentially open up access by others to all of your confidential information held by Anchored in Hope Trauma Therapy, LLC.

I understand:

That I do not have to sign a release form. I do not have to allow Anchored in Hope Trauma Therapy, LLC to share my information. Signing a release form is completely voluntary. That this release is limited to what I write above. If I would like Anchored in Hope Trauma Therapy, LLC to release information about me in the future, I will need to sign another written, time-limited release.

That releasing information about me could give another agency or person information about my location and would confirm that I have been receiving services from Anchored in Hope Trauma Therapy, LLC.

That Anchored in Hope Trauma Therapy, LLC and I may not be able to control what happens to my information once it has been released to the above person or agency, and that the agency or person getting my information may be required by law or practice to share it with others.

This release expires on _____ _____

Date Time

Expiration will be one year from date if left blank, unless otherwise specified.

I understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time either orally or in writing.

Signed:_____ **Date:**_____