Julie Burke Wellness
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www.julieburkewellness.com
(312)-608-0211

RELEASE OF INFORMATION

Client's Name: ______________________________________

Address:_____________________________________City:______________State:______Zip:___________

Phone:________________________DOB:____/_____/_________

I,____, authorize Julie Burke to:

X (send) X (receive) the following X (to) X (from)

Release information to:

Name: __________________________________Phone: _________________________

Email: __________________________________

Address: _________________________________ City:______________State:______Zip:____________

Type of information requested (Check all that apply):

__ Treatment plans
__ Progress notes
__ Discharge Summary
__ *Wellness notes, specify:
Written and verbal communication with: __________________________________

*A SEPARATE AUTHORIZATION, AS DEFINED BY HIPAA, IS REQUIRED FOR WELLNESS NOTES.

The above information will be used for the purpose of:
____
and will only be exchanged with the individual/agency specified in this document for the period of time that I have authorized.

____ Date: ____/_____/_____

I understand that the confidentiality of these records is required under the New Hampshire General Statutes N.H. Rev. Stat. Ann. S 1 35-C:1 9-a. This information shall not be transmitted by us without written consent or other authorization as provided in the aforementioned statute(s).

I understand that this authorization is voluntary, and I may revoke this consent at any time by providing written notice, and after 1 year this consent automatically expires. I have been informed what information will be given, its purpose, and who will receive the information. I understand that I have a right to receive a copy of this authorization. I understand that I have a right to refuse to sign this authorization.

A facsimile of this Release shall be considered as valid as the original.

Your relationship to client (Check one):

Self-Parent/legal guardian _____

Personal representative _____

Other (describe)_______________

Client's Signature: ____ Date:_____/____/_____

Parent/guardian/personal representative (if applicable):

____ Date:_____/____/_____

Witness (if client is unable to sign)

Signature: ____ Date: _____/____/_____