

Beach Counseling Center LLC

Authorization to Release Confidential Information

Name _____ DOB: _____

Address: _____

City _____ State _____ Zip _____

I hereby authorize Beach Counseling Center, Therapist: _____
1064 Laskin Road, Suite 14C
Virginia Beach, VA 23451

to release my health information to:

Facility/Name _____

Address: _____

Telephone: _____ Fax: _____

Specific type of information to be disclosed:

- | | |
|---|--|
| <input type="checkbox"/> Initial Evaluation | <input type="checkbox"/> Summary of Psychotherapy visits |
| <input type="checkbox"/> Psychotherapy Records | <input type="checkbox"/> Medications Record |
| <input type="checkbox"/> Psychological Evaluation Results | <input type="checkbox"/> Other _____ |

Date(s) of treatment or contact: _____

The purpose or need for such disclosure:

- | | |
|--|--|
| <input type="checkbox"/> Continuity of care | <input type="checkbox"/> Transfer of Care |
| <input type="checkbox"/> Court related issue | <input type="checkbox"/> Employment Issues |
| <input type="checkbox"/> School Records | <input type="checkbox"/> Other _____ |

Method of transmission: Written information Telephone Fax

I understand that I may revoke this authorization at any time by giving written notice. However, I understand that any information released prior to my revoking this authorization shall not constitute a breach of my right to confidentiality. Unless I revoke the authorization prior to such time, this authorization shall expire 365 days from today's date. I understand that a copying fee of \$10 for search/handling, \$.50 per page for the first 50 pages, and \$.25 per page thereafter, may apply for the release of medical records.

Client Signature _____ **Date** _____

Legal Guardian or Parent _____ Relationship to patient _____

Witness _____ Date _____

This facsimile transmission contains confidential information, some or all of which may be protected health information as defined by the federal Health Insurance Portability & Accountability Act (HIPAA Privacy Rule.) This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure, dissemination or copying of this information is strictly prohibited and may be subject to legal restriction or sanction. Please notify the sender by telephone (number listed below) to arrange the return or destruction of the information and all copies.

1064 Laskin Road Suite 14C, Virginia Beach, VA 23451 (757) 233-1500 Fax (757) 222-3833