



**Authorization for Use or Disclosure of Protected Health Information
Release of Information**

I, _____, hereby authorize Foothills Counseling and Wellness Center to disclose and/or exchange mental health treatment information and records obtained in the course of treatment of the client listed above with:

Name/Agency: _____ Phone: _____

Address: _____ Fax: _____

Email: _____

Such disclosures shall be limited to the following specific types of information:

- | | |
|--|--|
| <input type="checkbox"/> Psychiatric diagnosis(es) | <input type="checkbox"/> Initial treatment plan |
| <input type="checkbox"/> Dates of treatment | <input type="checkbox"/> Full treatment record |
| <input type="checkbox"/> Treatment summary | <input type="checkbox"/> Any/all mental health information |
| <input type="checkbox"/> Other: _____ | |

This authorization will expire on ___/___/___ or one calendar year from signing.

Authorization and signature: I authorize the release of my confidential protected health information, as described in my directions above. I understand that this authorization is voluntary, that the information to be disclosed is protected by law, and the use/disclosure is to be made to conform to my directions. The information that is used and/or disclosed pursuant to this authorization may be re-disclosed by the recipient unless the recipient is covered by state laws that limit the use and/or disclosure of my confidential protected health information. I may revoke this authorization at any time by notifying Foothills Counseling and Wellness Center, in writing, at the 309 N. Houston St., Maryville, TN 37801. If revoked, this authorization will cease to be effective on the date notified except to the extent action has already been taken in reliance upon it. I understand that I have a right to receive a copy of this authorization. Foothills Counseling and Wellness Center shall not condition treatment upon my signing this authorization and I have the right to refuse to sign this form.

Client name: _____

Signature: _____ Date: _____

Relationship to client if signed by legal guardian/representative: _____