Richard Sladich, MS, LCMHC
Mental Health Counselor

Fax: 919-578-8763

AUTHORIZATION TO RELEASE AND EXCHANGE HEALTHCARE INFORMATION

Name of Client: _____ Date of Birth: _____

Previous Name: _____ Social Security Number: _____

I understand that Federal and N.C. laws require each client's consent for the release of confidential information related to mental health. With this understanding, I hereby authorize the release of records of information, but only the extent specified below.

I authorize **Richard Sladich, MS, LCMHC** to release and/or receive the following information concerning myself (or my child if they are a client). Data may be released in written, verbal, or electronic form and may include copies of the following information:

_____ Psychiatric/Diagnostic Evaluation Results _____ Substance Abuse History and/or Treatment

_____ Progress Notes _____ Treatment Plan

_____ Treatment Summary _____ Discharge/Transfer Summary

_____ Any and All Records _____ Other _____

The above information is only to be released to, and/or from, the following party:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

This information is to be used for the purpose of:
☐ Coordination of Care ☐ Referral ☐ Payment ☐ Other:_____.

This authorization has been explained to me. I understand the contents to be released and I acknowledge that signing this authorization is voluntary. This authorization shall remain in effect for **90 days** or until_____ at which time it shall expire and no further release of information shall be made under its terms. I understand that I can revoke this authorization at any time by giving written notice to the parties named above. I also understand that I have the right to examine and copy the information disclosed.

Signature of Client (or Parent/guardian): _____ Date: _____

This personal health information disclosed to you is protected by federal confidentiality rules (42 CFR). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains. If you have received this information in error, please notify the sender immediately and then destroy all information received.