

Nonlinear Counseling, LLC

Release of Information

Authorization for Release of Information

Client Name

Date of Birth

I authorize the following provider:

Danna Lee, LCSW, LADC
Nonlinear Counseling, LLC
325 Main Street PMB 307
Waterville ME 04901
Phone 207-248-8442

To exchange information by:

- Sending
- Receiving

The following types of information:

Please select authorization of general information or disclosure of specific kinds of records.

- Communication/disclosure of general information regarding client's case for the purposes of coordinating healthcare services and providing the client with the best care.
- Assessment
- Diagnosis
- Treatment Plan
- Treatment summary
- Medical history & physical/diagnosis/treatment
- Educational/IEP/assessment
- Family/social history
- Progress/case notes
- Psychological testing report
- Termination/discharge info
- Legal records
- Financial/health insurance info
- Other

To/from the following party:

Other Party Name

Address

Phone

Email

FAX

This authorization expires in 1 year unless another length of time is entered here:

I understand my health information is protected by state and federal guidelines and cannot be released without my consent unless allowed by law. Only the information indicated above will be released exclusively between the entities listed above. I understand I can withdraw or modify this authorization at any time. My signature means I have read and understand this form.

I am:

- The client
- Parent/legal guardian
- Representative
- Other

Signature

Signature

Date