



Consent to Release Information

Client's Name: _____

Date of Birth: _____

I authorize _____

to release/receive information regarding my records to/from Tri-Star Counseling, LLC.

The purpose of this disclosure of information is to improve assessment and treatment planning, share information relevant to treatment and, when appropriate, coordinate treatment services.

I consent to the following information or records to be released:

- | | | |
|--|---|--|
| <input type="checkbox"/> Treatment Plans | <input type="checkbox"/> PsychoSocial Summary | <input type="checkbox"/> School Records/Visits |
| <input type="checkbox"/> Progress Reports | <input type="checkbox"/> Psychotherapy Notes | <input type="checkbox"/> Medication Management |
| <input type="checkbox"/> Psychological Reports | <input type="checkbox"/> A&D Information | <input type="checkbox"/> Discharge Summary |
| <input type="checkbox"/> Medical Records | <input type="checkbox"/> Other: _____ | |

I understand that my treatment records are protected under Title 33 of Tennessee Code Annotated, Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 Code of Federal Regulations (CFR) Parts 160 & 164, and the Confidentiality of Substance Use Disorder Patient Records 42 CFR Part 2 and cannot be disclosed without my written consent unless otherwise provided for by law. Once this health information is disclosed, how the recipient further discloses it may no longer be protected under applicable privacy laws. I understand that I may revoke this consent at any time and that any notice to revoke consent must be in writing. If I revoke, it will not affect information disclosed before the receipt of the written request. Tri-Star Counseling, LLC will not condition my treatment on whether I give authorization for the requested disclosure. If I have any questions about my clinical records, or the consent within, I can contact Tri-Star Counseling, LLC and someone will meet with me to discuss my records.

This Authorization expires 12 months after the date signed below or on _____.

Client or Authorized Representative Signature

Date: _____

Print Name and relationship with the client: _____