CRAIN COUNSELING

AUTHORIZATION TO RELEASE CONFIDENTAL INFORMATION

Client's Name: ______________________________________ **Date of Birth:** __________________________

I authorize: **Crain Counseling** to obtain/to release Healthcare information to/from:

Name: ____

Organization: ____

Address: ____

City: ________________________ State: __________ Zip Code: _____________

Phone number: ____

Fax: ____

This authorization applies to:

____ All health care information
____ Medication history/ prescriptions
____ Psychosocial Evaluation
____ Psychological Evaluation
____ Treatment Plans
____ Clinical Treatment Summary
____ Discharge Summary

____ Diagnosis
____ Appointment dates/ times
____ Invoice for treatment
_____Financial records
____ Other: ______________________
____ Other: ______________________
____ Other: ______________________

The purpose for this release is: ____

I understand that I may revoke this consent at any time by giving written notice to my clinician. However, I also understand that any information released prior to my revoking this authorization shall not be a breach of my right to confidentiality.

This release of information shall be good from _______________ to __________________.

To the party receiving this information: This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations (42) DFT Part 2 prohibit you from making any further disclosures of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

FOR PATIENT RECORDS APPLICABLE UNDER FEDERAL LAW 42 CRF PART 2

Client Name: ______________________________________ Signature____________________________________ Date__________

Parent/ Guardian Name: _____________________________ Signature____________________________________ Date__________
_
Witness Name: ____________________________________ Signature____________________________________ Date__________