PINE MEADOW COUNSELING

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION*

Guest's Name: _____Birth Date: _____

I, _____, authorize, Independent Practitioner, _____
Responsible Party Name Counselor's Name

at Pine Meadow Counseling, Inc., to [**release] [request] [share]** (circle all that apply) confidential medical record information **[to] [from] [with]** (circle all that apply), _____
Provider/Counselor

_____.
Phone #

Information shall consist of specifically:

___All Clinical Records
___Mental Health Info
___Treatment Plan
___Prognosis
___Summary of Treatment
___Dates of Treatment
___Diagnosis
___Progress to Date

Other:_____

The information is needed for the purpose of adopting a more comprehensive and integrated approach to my health care and maintaining a continuity of care for this purpose only unless other wise permitted or required by law. This authorization may be revoked at any time by the guest. Revoking of this authorization shall not cancel any prior action that has already transpired. If not revoked, it shall terminate the last day of the clinical treatment. A photocopy, facsimile or duplicate copy of this authorization shall be as valid as the original.

I have read and understand the nature of this release. I understand that I may revoke it at any time. I release the executive director, therapists, counselors, life coach, employees and the above-named organization from any liability that may arise from this action whether or not foreseen at present.

_____ _____
Signature of Guest Date

_____ _____
Signature of Legal Representative (If guest is a minor or incapacitated) Relationship to Guest

_____ _____
Witness Date

*PRIVACY ACT STATEMENT
1. The authority for soliciting the information comes from 10 USC 3012
2. The purpose for soliciting the information is to provide the therapist/counselor data to assist in counseling you are seeking.
3. The information will be maintained under strict professional guidelines at Pine Meadow Counseling, Inc. and until, by law, your records are released to be destroyed.
4. Providing the information is voluntary. There will be no adverse effect on you for not furnishing the information other than that certain data might not otherwise be available to the counselor/therapist to enable him/her to provide you the most effective therapy.