Revitalize Counseling
Authorization for Release of Information

Client
Name: _____ Phone Number: _____
Street Address: _____
City: _____ State: _____ ZIP Code: _____
Date of Birth: _____ Social Security Number: _____

_____ hereby authorize Revitalize Counseling to disclose the following: (check appropriate choices).

_____Release of written information to party named below, which includes, but not limited to complete provider clinical record (i.e., biopsychosocial assessment, treatment planning, diagnoses, therapy notes, psychological testing, medication reviews, and summary of treatment.
_____Consultation and verbal exchange of information between Revitalize Counseling and party designated in the following section.

The aforementioned actions described above are authorized to be released to/with:

_____
_____

Authorization

I authorize Revitalize Counseling to release the information indicated above. I understand that this authorization is voluntary. In addition, I understand that my records are protected under federal regulations including alcohol or substance abuse, as well as information protected under regulations in code 42, part 2, psychological service records, social service records, HIV communicable disease information, including communications between mental health provider and you. Upon release, this health information is no longer protected by Revitalize Counseling and has the potential to be re-disclosed by the recipient. This authorization does not authorize Revitalize Counseling to discuss my health information or medical care with anyone other than the individual or agency identified on this form. **Revitalize Counseling is released from all legal liabilities for the release of the above requested information.** I understand that this authorization will be in effect for twelve months from the date signed unless cancelled by me in writing, and that my cancellation will take effect when the individual or agency releasing information receives my notice in writing.

_____ _____
Client Signature Date

_____ _____
Parent/Guardian Signature **Date**

_____ _____
Witness Signature Date