



CLEAR HARBOR COUNSELING AUTHORIZATION FOR THE RELEASE OF PROTECTED HEALTH INFORMATION

Client Information

Legal Name

DOB

I authorize Clear Harbor Counseling to: release to obtain from verbal exchange

Agency or Individual:

Method of disclosure: Fax Mail Pick-Up

Purpose of disclosure: Continuing Care Personal Records Legal

I authorize and request the disclosure of the information identified below for the purpose of review and evaluation in connection with professional services rendered as indicated herein. I expressly request that the designated record custodian of all entities identified above disclose full and complete information including the following:

- Medical History/Physical Exam
- Medication Records
- Lab/UA Results
- Diagnostic Assessment/Psych Eval
- Progress Notes
- Treatment Plan
- Substance Abuse Assessment
- Discharge Summary
- Emergency Room Records
- Social Services Reports/Interventions
- School Reports, Grades
- IEP Testing
- Other (Specify Record Types) _____

For dates _____

This authorization lasts for one year after the signed date unless otherwise indicated. This authorization may be canceled in writing at any time. A cancellation will not change releases that happened before the cancellation. Clear Harbor Counseling will not restrict my treatment if I choose not to sign this authorization. A photocopy/fax of this authorization will be treated in the same way as an original.

By signing this authorization, you release the CHC from any and all liability resulting from a re-disclosure by the recipient. Chemical dependency/substance abuse records are protected from re-disclosure by 42 CFR, Part II. Your signature indicates that you have read and understand this form, and authorize release of your information as described above. You have a right to a photocopy of this signed authorization. A typed signature below is considered the same as a written signature and will suffice for authorization.

Client/Guardian Signature

Date

If Guardian Signature, printed name of guardian