

CONSENT FOR RELEASE OF INFORMATION

I, _____ hereby authorize the two-way exchange of information between Cherie Miller, MS, LPC and/or the administrative or clinical staff Dare 2 Hope Counseling, LLC to use or disclose the protected health information (PHI) described below to the person and _____ for the purpose set forth below.

1. The person(s) or entity to receive the PHI:

Name: _____ Phone: _____

Address: _____

2. The type of information (PHI) which I authorize to be used or disclosed is:

Entire Medical/Mental Health Record

If Entire Record is not checked above, please select which you give consent to share:

Psychological/Medical Test Results, Evaluations and Diagnosis

Medication Information

Treatment Summary

Progress Notes

Other _____

3. For the purpose of:

Ongoing Treatment

Evaluation

Consultation

Coordination of Care

Medical Care

Legal Issues

Health Benefit Utilization

Transfer of Care

Other: _____

This authorization is in effect until one (1) year from now or until either the following date or event: _____, at which time this release will expire. I understand that I may revoke the authorization, in writing, at any time, by notifying the releasing organization, but my revocation will not affect any releases made or other actions taken before the date of my revocation.

I understand that the designated information about me may be sent by mail or delivery service, transmitted by fax, electronic mail or electronic file transfer mechanism, or exchanged verbally unless otherwise restricted by me. I agree that a photocopy or fax of this authorization shall be as valid as the original.

I understand that Dare 2 Hope Counseling, LLC has a formal Notice of Privacy Practices that I previously received that contains additional information and that I may again review the Notice prior to signing the consent. I understand that I may also ask questions about Privacy Policies at any time so that I am fully aware of my rights regarding confidential information.

I hereby release all parties stated herewith from any liability resulting from the release of this information.

Client Signature

Date

Parent/Guardian Signature if Client is a Minor

Date

For office use only: Dates information released: _____