

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, DOB: _____ hereby authorize
(Name of Client)

(Name of facility that has information) (Street address, city, state, zip code)

(Telephone Number) (Fax Number)

to release the following health information:

- Discharge Summary
- Assessment/Treatment History
- Clinical Session Notes
- Psychological Testing
- Treatment Plan
- Other (Specify) _____

To: The Center for Counseling & Wellness (843) 663-0770
(Name of facility or person to receive health information) (Telephone Number)

110 Ye Olde Kings Highway, North Myrtle Beach, SC 29582 (843) 663-0772
(Street address, city, state, zip code) (Fax Number)

For the following purposes:

- Further medical care
- Personal Use
- Attorney
- Disability
- School
- Other (Specify) _____

I understand that by signing this authorization:

- I authorize the use or disclosure of my individually identifiable health information as described above for the purpose listed.
- I have the right to withdraw permission for the release of my information. If I sign this authorization to use or disclose information, I can revoke that authorization at any time. The revocation must be in writing and will not affect information that has already been used or disclosed.
- I am signing this authorization voluntarily. I may refuse to do so and my refusal sign will not affect my ability to obtain treatment, payment, enrollment or eligibility for benefits.
- This authorization will remain in effect for one year from the date signed unless revoked in writing.
- If my records contain documentation of alcohol abuse, psychiatric condition, drug abuse, or communicable diseases, this information will be released as part of my record.
- I further understand that if a person or entity to whom records and information are disclosed pursuant to this authorization are not covered by federal privacy regulations, this information will no longer be protected and may be redisclosed.

(Signature of Client/Personal Representative) (Relationship to Client) (Date)

(Signature of Witness) (Date)