

CA. Counseling & Consultants **AUTHORIZATION TO RELEASE INFORMATION**

Client Name: _____ MR#: _____
Last/First/Middle

Date of Birth: ____/____/____ Telephone: (____) _____

REQUESTS INFORMATION TO BE Released to Obtained from Exchange information with:

C.A. Counseling & Consultants, LLC
93 West Geneva Street
P.O. Box 934
Williams Bay, WI 53191
Phone (262) 607-6390/ Fax (262) 607-6387

REQUESTS INFORMATION TO BE Released to Obtained from Exchange information with:

Name: _____
Address: _____
City, State, Zip: _____
Phone (____)____-____ Fax (____)____-____

The purpose of this disclosure: Continuity of care Legal Personal Other (specify) _____

This access is limited to information designated below:

- Inpatient Dates of Treatment: _____
 Outpatient Dates of Treatment: _____
 Emergency Room Dates of Treatment: _____
 Please provide complete medical record Other: _____

I authorize CA. Counseling & Consultants to release sensitive information as indicated:

The patient age 12 or over who consented to the treatment must authorize the release of sensitive information.

___ AIDS/HIV ___ Sexual Assault ___ Drug/alcohol abuse ___ Child abuse
___ Behavioral health ___ Developmental Disabilities

I understand that this authorization is voluntary and that I may refuse to sign this authorization. Unless allowed by law, my refusal to sign will not affect my ability to obtain treatment, receive payment, or eligibility for benefits.

I understand that I may revoke this authorization at any time by notifying the person/organization providing the information in writing. I understand that the information I authorize a person or entity to receive may be re-disclosed and no longer protected by federal privacy regulations.

This authorization will expire on _____ or within one year of the date of signature.

Client Signature

Date

Legal Representative

Relationship to Client

Witness

Relationship to Client

OFFICE USE ONLY

Date Received: _____
Date Released: _____
Information Released (or comments):

Patient MRN: _____
Released By: _____

