

## AUTHORIZATION TO RELEASE INFORMATION

I authorize SAFE HARBOR CHRISTIAN COUNSELING to release to, and receive from

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

School System                       Hospital                       Private Clinician

Pediatrician                       Court System                       Other

Family Member/Support person

the following information on \_\_\_\_\_  
(Patient Name)                      (DOB)

_____ Medical Records	_____ Academic Records/Educational Evaluation
_____ Medical History/Physical	_____ Treatment Plan/Patient Progress
_____ Psychological Evaluation	_____ Discharge Summary
_____ Social History	_____ Special Education File
_____ Neurological Evaluation	_____ Immunization Records
_____ Results of Drug and Alcohol Treatment/Testing	_____ Other (Specify) _____

For the purpose of: \_\_\_\_\_

Approximate dates of service: \_\_\_\_\_

I have been informed of the type of information being released, the benefits and disadvantages ( if any ), and understand that treatment services are not contingent upon my decision concerning the signing of this release. I have also been informed that my photocopied signature is as valid as the original.

Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(If patient is a minor)

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Remember to ask for permission to release information to any key person who has worked with the patient and family ( i.e. probation officer, hospital clinician, private practice clinician, teacher, guidance counselor, attorney, etc. )

As required by Section 2.32(a) PROHIBITION ON DISCLOSURE –rule: “This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations ( 42 CFR Part 2 ) prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains or otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose.”