



Safe Harbor

CHRISTIAN COUNSELING

Administrative Office:
1208 E. Churchville Road, Suite 300
Bel Air, Maryland 21014
TOLL FREE: 800-305-2089 / FAX: 443-640-4358

AUTHORIZATION TO RELEASE INFORMATION

I authorize SAFE HARBOR COUNSELING to release to, and receive from (Select one, fill out additional forms if necessary)

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> MHPG | <input type="checkbox"/> Hospital | <input type="checkbox"/> Primary Care Physician [] |
| <input type="checkbox"/> Pediatrician | <input type="checkbox"/> Court System | <input type="checkbox"/> School System |
| <input type="checkbox"/> Family Member/Support person | | <input type="checkbox"/> Other _____ |

(Release To Name) _____
(Release To Address) _____
(Release To Phone Number) _____

_____ (Patient name)	_____ (DOB)
_____ Medical Records	_____ Academic Records/Educational Evaluation
_____ Clinical Records	_____ Treatment Plan/Patient Progress
_____ Neurological Evaluation	_____ Special Education File
_____ Results of Drug and Alcohol treatment/testing	_____ Immunization Records
	_____ Other (Specify) _____

For the purpose of: _____

This Release Expires On (one year from current Date): _____

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.”

Offering counseling locations throughout

Maryland / Virginia / Washington, DC / Delaware / Pennsylvania / New Jersey / Connecticut / North Carolina / Georgia / Illinois

A Place of Hope.