PLEASE RETURN INFORMATION TO THE ATTENTION OF: ___________________________________

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I, ____, authorize Christian Heart Counseling to:

___disclose information to ___obtain information from

___exchange information with ___notify physician

____________________________________ ______________________________________
(Name of Person) (Name of Agency)

____
(Address)

___________ ______________________________
(City) (State) (Zip)

Fax # ______________________ Phone # ____________________________

Regarding: _____________________________ _________________________
(Client Name) (Date of Birth)

____
(Address)
_____ myself _____ my daughter/son _____ other: ___________________

The information to be disclosed is:
_____ Discharge/treatment summary _____ Admission/Intake Summary
_____ Progress notes _____ Diagnostic Impressions
_____ Academic records/school functioning _____ Chemical Dependency Evaluation
_____ Psychological testing _____ Medical history & physical exam
_____ Social/Court Services Summary _____ Medication history
_____ Other ____

I understand that my records are protected by the Data Privacy regulations and cannot be disclosed without written consent unless otherwise provided for in the regulations, and that I may revoke the consent at any time. I understand that this consent will automatically expire without my express revocation upon fulfillment of the above stated purpose or one year from this date, whichever is sooner. I have the right to receive a copy or review information to be disclosed, if requested.

____
Signature of client

____
Signature of parent/guardian (if minor)

____
Date

Release Sent:

Time _____
Initials _____

Send Records Here:

Christian Heart Counseling (**Check One**)
___1751 Tower Drive W #200 Stillwater 55082
___13911 Ridgedale Dr #460 Minnetonka 55305
___12940 Harriet Ave S #215 Burnsville 55337
___7362 University Ave NE #307 Fridley 55432
___1360 Energy Park Drive #330 St Paul, MN 55108

Fax: 888-675-8262