

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:

- | | |
|--|--|
| <input type="checkbox"/> Discharge/treatment summary | <input type="checkbox"/> Admission/Intake Summary |
| <input type="checkbox"/> Progress notes | <input type="checkbox"/> Diagnostic Impressions |
| <input type="checkbox"/> Academic records/school functioning | <input type="checkbox"/> Chemical Dependency Evaluation |
| <input type="checkbox"/> Psychological testing | <input type="checkbox"/> Medical history & physical exam |
| <input type="checkbox"/> Social/Court Services Summary | <input type="checkbox"/> Medication history |
| <input type="checkbox"/> 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. Once the records are released to the name above, the clinic or hospital releasing my records cannot prevent them from being shared with a third party. At that point, the records may no longer be protected by state and federal privacy laws

Signature of client

Signature of parent/guardian (if minor)

Date

Release Sent:

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

Time _____
Initials _____