

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

I, _____, authorize Christian Heart Counseling to:

___disclose information to ___obtain information from

___exchange information with ___notify physician

TO:

(Name of Person) (Name of Agency)

(Address)

(City) (State) (Zip)

Fax # _____ Phone # _____

Regarding: _____
(Client Name) (Date of Birth)
___ 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 _____ | |

Purpose of Release:

- ___Coordination of Care ___Discharge and Continuation of Care ___Client Request ___Insurance
- ___Litigation/legal purposes ___Other(Please specify)

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 patient or Authorized Person

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

Date

Fax: 888-675-8262 (all offices)