Request to Release a copy of Protected Health Information

Today's Date_____

I hereby authorize Beautiful Journey Counseling to release my protected health information by ☐Verbal, ☐ Written, ☐ Fax, ☐ Electronic To: (Title of Person)_____ Name of Entity: _____

Address:_____

Telephone #:_____ Fax #:_____ Email: _____

I wish to release the following: **from date** _____ **to date** _____

- ☐ Assessment
- ☐ Diagnosis
- ☐ Psychiatric Evaluation
- ☐ Treatment Plan or Summary
- ☐ Current Treatment Update
- ☐ Medication Management
- ☐ Presence/Participation in Treatment
- ☐ Discharge/Transfer Summary
- ☐ Continuing Care Plan
- ☐ Treatment Progress
- ☐ Progress Notes
- ☐ Other (specify date & documents to be released)

_____

_____

Form of Disclosure

Unless you have specifically requested in writing that the disclosure be made in a certain format, we reserve the right to disclose information as permitted by this authorization in any manner that we deem to be appropriate and consistent with applicable law, including, but not limited to, verbally, in paper format or electronically.

Redisclosure

I understand that there is the potential that the protected health information that is disclosed under this authorization may be redisclosed by the recipient and the protected health information will no longer be protected by the HIPAA privacy regulations unless a State law applies that is more strict than HIPAA and provides additional privacy protections.

I have the right to change my mind regarding the request to inspect or receive a copy of my protected health information at any time, unless such information has already been released/received. The undersigned understands the nature of the authorization and has informed that she/he has the right to revoke the consent at any time.

_____ _____

Client/Parent/Legal Guardian/Authorized Representative Date

_____ _____

Signature of Client age 14 to 18 Date

NOTE to recipient of this information: This information has been disclosed to you from records whose confidentiality Is protected by Federal & State Law whose regulations prohibit you from making any further disclosure of this information without the specific written consent of the person to whom it pertains. Anyone who receives information covered by these regulations, whether obtained legally or not, is prohibited from using that information for any criminal or civil investigation, or prosecution of the patient.