

FREDONIA COUNSELING CENTER

LoGrasso Hall, Fredonia, NY 14063

T: (716) 673- 3424 F: (716) 673-3140

Authorization for the Disclosure and Exchange of Protected Health Information

I, _____, _____ / _____, hereby give permission
Client Student ID # Date of Birth

to the Fredonia Counseling Center to: DISCLOSE INFORMATION TO and RECEIVE INFORMATION FROM:

Name of agency, individual or position (e.g. attorney, school counselor, therapist)

Address City State Zip Code

Phone

Fax

Form in Which Information Should be Released

- Oral Photocopy Fax
 Other (specify): _____

Information to be Disclosed

- My mental health record in its entirety; or My substance abuse record in its entirety; or
 Only the following information (client must initial each item to be released):

_____ substance abuse evaluation _____ treatment summary
_____ treatment recommendations _____ psychiatric evaluation
_____ attendance records only _____ diagnosis/assessment
_____ other (specify) _____

Purpose for Disclosure

- To permit coordination & collaboration of care Transfer of services
 To permit continuity of care Consultation
 Other: _____

At any time, I may revoke this consent orally or in writing. I understand that the revocation will not be effective retroactively for information exchanges that have already occurred. Unless otherwise noted, this consent expires one (1) year from the date of my signature below. I agree that a photocopy of this release shall be as valid as the original.

I understand that my authorization, or refusal, will not affect my ability to receive treatment.

I understand that the potential exists for re-disclosure of my private mental health information by the recipient, and such information is no longer protected by federal health information privacy regulations.

Signature of client: _____ Date: _____

Witness: _____ Date: _____

Notice to Recipient of Information

This information has been disclosed to you from records the confidentiality of which may be protected by federal and/or state law. If the records are so protected, Federal Regulation (42CFR Part 2) prohibits you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse client.