FREDONIA COUNSELING CENTER

LoGrasso Hall, Fredonia, NY 14063

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

Authorization for the Disclosur	e and Exchange	of Protec	ted Health In	formation	
	,	/		_, hereby gi	ve permissio
Client	Date of Birth				
o the Fredonia Counseling Center to: DISCLOS	SE INFORMATIO	N TO and	RECEIVE INFO	ORMATION	FROM:
Name of agency, individual or p	osition (e.g. attor	ney, schoo	l counselor, tl	nerapist)	
Address	City		S	tate	Zip Code
Phone			Fax	·	
orm in Which Information Should be Released	d				
 Oral Other (specify): 		□ Fa: 	x		
nformation to be Disclosed					
My mental health record in its entirety; or Only the following information (client must i	•			d in its entire	ety; or
substance abuse evaluation			treatme	nt summary	/
treatment recommendations		psychiatric evaluation			
attendance records only		diagnosis/assessment			
other (specify)					
urpose for Disclosure					
To permit coordination & collaboration To permit continuity of care Other:		Transfer Consulta	of services tion		
t any time, I may revoke this consent orally o ffective retroactively for information exchang onsent expires one (1) year from the date of r nall be as valid as the original. understand that my authorization, or refusal, understand that the potential exists for re-dis ecipient, and such information is no longer pr	ges that have alr my signature bel will not affect n sclosure of my p	eady occu ow. Tagr ny ability rivate me	rred. Unless ee that a pho to receive tre ntal health ir	otherwise atocopy of t eatment. aformation	noted, this his release by the
ignature of client:				_ Date:	
/itness:				Date:	
Notice his information has been disclosed to you from records to he records are so protected, Federal Regulation (42CFR I Inless further disclosure is expressly permitted by the wr 2 CFR Part 2. A general authorization for the release of	Part 2) prohibits you itten consent of the	f which may I from makii person to w	ng any further d hom it pertains	isclosure of th , or as otherw	is information ise permitted b

rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse client.