New Leaf Counseling

Date _____

AUTHORIZATION FOR THE RELEASE OF PERONAL HEALTH INFORMATION (PHI)

Name: _____ DOB: _____

I, _____, hereby authorize a representative of the New Leaf Counseling to release to, obtain from, exchange with _____ (name of authorized party) including but not limited to information concerning drug and/or alcohol abuse related conditions, and or psychiatric/psychological conditions. Specific information to be released, obtained or exchanged:

- ❑ Assessment
- ❑ Diagnosis & Prognosis
- ❑ Psychosocial Evaluation
- ❑ Psychological Evaluation
- ❑ Current Treatment Summary
- ❑ Treat Plan or Summary
- ❑ Progress in Treatment
- ❑ Psychotherapy Notes (high level, not details)
- ❑ Medication Management Information
- ❑ Presence/Participation in Treatment
- ❑ Nursing/Medical Information
- ❑ Educational Information
- ❑ Demographic Information
- ❑ Discharge/Transfer Summary
- ❑ Continuing Care Plan
- ❑ Recommendations
- ❑ Social/Family History
- ❑ Other (specify) _____ _____

Purpose

The purpose of this disclosure of information is to improve assessment and treatment planning, share information relevant to treatment and when appropriate, coordinate treatment services.

Revocation

I understand that I have the right to revoke this authorization, in writing, at any time by seeking written notification to New Life Counseling Group at 11427 Reed Hartman Hwy, Cincinnati, Ohio 45241. I further understand that a verification of the authorization is not effective to the extent that action has been taken in reliance on the authorization.

Expiration

Unless sooner revote, this authorization expires in 90 days on the following date: _____

Conditions

I'll further understand that New Leaf Counseling Group will not condition my treatment on whether I give authorization for the requested disclosure. If the person/entity that received the above PHI is not a healthcare provider/health plan covered by federal privacy regulations, the PHI described above may be re-disclose by such person/entity and will likely no longer be protected by the federal privacy regulations.

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 laws, including, but not limited to, verbally, and paper format or electronically.

_____ _____

Signature of Client Date

_____ _____

Signature of Parent/Guardian/Representative Date

Note to Party Receiving the Information: This information being disclosed to you from records whose confidentiality may be protected by Federal Law. Re-disclosure is prohibited without written consent of the person to whom it pertains.