

**AUTHORIZATION FOR RELEASE OF RECORDS OR INFORMATION**

I, \_\_\_\_\_, \_\_\_\_\_, hereby give permission to Family Matters Counseling Center, or its affiliates (collectively Family Matters Counseling Center), and the student/intern counselors and/or clinician(s) performing services on behalf of Family Matters Counseling Center in connection with my counseling to:

Disclose Information to: \_\_\_\_\_ AND/OR  Obtain Information from: \_\_\_\_\_

\_\_\_\_\_ (Name of agency, attorney, clinician, physician, school counselor, etc.)

\_\_\_\_\_ (City, State, Zip Code)

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**INFORMATION TO BE DISCLOSED/OBTAINED (VERBALLY, WRITTEN/TYPED, OR PHOTOCOPIED):**

- MY ENTIRE COUNSELING RECORD; OR
- ONLY the following information: (CLIENT MUST INITIAL EACH ITEM TO BE RELEASED/OBTAINED)

Diagnostic Impression/Assessment       Name of Ref. Provider       Sub Abuse Evaluation  
 Attendance Records Only       Progress Report       Recommendations/Plan  
 Expected Length of Counseling       Other (specify): \_\_\_\_\_

The purpose for such disclosure is:

- To permit continuity of care
- Other (specify): \_\_\_\_\_

I may revoke this consent at any time except to the extent that action has been taken in reliance upon it. If I do not revoke it, this consent will expire one (1) year after I have terminated treatment with Family Matters Counseling Center and its affiliates.

_____ Signature of client	_____ Signature of parent or guardian, if minor	_____ Date
	_____ Signature of counselor	_____ Date

**NOTICE OF RECIPIENT 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 (42 CFR Part 2) prohibits you from making any further disclosure on 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 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. **DISCLAIMER: It is the legal responsibility of the recipient of this information (transmitted electronically or otherwise) to comply with HIPPA regulations.**