

The Center for Counseling & Wellness
AUTHORIZATION FOR RELEASE OF INFORMATION to Send and/or Receive Information

I, _____, DOB: _____ hereby authorize
(Name of Client)

The Center for Counseling & Wellness (843) 663-0770
(Telephone Number)
110 Ye Olde Kings Highway, North Myrtle Beach, SC 29582 (843) 663-0772
(Fax Number)

to release and/or receive the following health information:

Discharge Summary Psychological Testing
 Assessment/Treatment History Treatment Plan
 Clinical Session Notes Other (Specify) _____

With: _____
(Name of facility to share information with) (Street address, city, state, zip code)

_____ (Telephone Number) _____ (Fax Number)

For the following purposes:

Further medical care Attorney School
 Personal Use Disability Other (Specify) _____

I understand that by signing this authorization:

- I authorize the use or disclosure of my individually identifiable health information as described above for the purpose listed.
- I am signing this authorization voluntarily. I may refuse to do so and my refusal sign will not affect my ability to obtain treatment, payment, enrollment or eligibility for benefits.
- If my medical records contain substance use disorder(s) information, I understand I am protected by 42 CFR Part 2, maintaining that a general consent or authorization for release for medical or other information does not does not satisfy this requirement.
- This authorization will remain in effect for one year from the date signed unless revoked in writing.
- I further understand that if a person or entity to whom records and information are disclosed pursuant to this authorization are not covered by federal privacy regulations, this information will no longer be protected and may be redisclosed.

(Signature of Client/Personal Representative) (Relationship to Client) (Date)

(Signature of Witness) (Date)

REVOCATION OF CONSENT

I hereby revoke my previous consent to share health information with the participating care providers who may provide treatment or health care services to the above.

(Signature of Client/Personal Representative) (Relationship to Client) (Date)

(Signature of Witness) (Date)