FRIENDS COUNSELING
MARION | WABASH | KOKOMO

Release of Information

(HIPAA Privacy Authorization Form)

Name of Client: _____

Date of Birth: _____/_____/_____ SSN: _____

Parent/Guardian Giving consent (if applies): _____

I authorize a release of information that covers the period of _____ to _____
I authorize a waiver of the sixty day expiration period ☐ Yes ☐ No
I authorize a release of information of all past, present and future periods ☐ Yes ☐ No

I authorize the release and disclosure of my protected health information as initiated, either verbally or in writing. (Check those that apply.). ☐ Yes ☐ No

☐ Initial Assessment	☐ Counseling Sessions Summary
☐ Psychological Testing	☐ Legal Records
☐ Psychiatric Examinations	☐ Treatment Plans/Recommendation
☐ Medications/Medical History	☐ Discharge Summary
☐ Counseling Session Notes	☐ Other (Specify) _____

I request and authorize the Wabash Friends Counseling Center to: **Release to ☐** **Obtain from ☐**

Person/Agency: _____

Telephone: _____ Fax: _____

Address: _____

City, State, Zip: _____

For the purpose of:_____

I understand that the Wabash Friends Counseling Center is not liable in regard to the use of information that I have authorized for release or exchange. The State of Indiana (16-4-8-2) restricts consent to release information to a sixty day period following the date of my signature unless otherwise specified as a waiver. I understand that my consent is terminated regardless of waiver when the purpose of the release is fulfilled. I may cancel my consent at any time by notifying the Wabash Friends Counseling Center with a written statement requesting such action. To be maintained more than one year, this release must be renewed annually. However, my cancellation does not affect past action already taken with any such information that was released with my consent.

It is understood that the information released is for professional use only and may not be provided in whole or in part to any other agency or individual other than those stated above. Federal regulation (42 C.F.R. PT.2) prohibits further disclosure without specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.

_____
Signature of Client or Guardian Date

_____
Signature of Witness Date

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Marion * Wabash * Kokomo