

Phone: (843) 673-0054 Fax: (843) 667-1549 616 S. Coit St. Florence, SC 29501

Insurance ID: \_\_\_\_\_

## AUTHORIZATION FOR DISCLOSURE OF MENTAL HEALTH TREATMENT INFORMATION

This form, when completed and signed by you, authorizes The Counseling Center of Florence, LLC to <u>release and</u> <u>receive</u> protected health information with the person or people you designate.

## **Patient Information:**

Name		Address	
Date of Birth		City, State & Zip Code	
Parent/Guardian Name if Minor Child		Phone Number	
Authorization for Release.	I hereby authorize the exchan Florence, LLC and:	nge of information between The Counseling Center of	
Name of Person		Organization	
-	Relationship to Patie	ient	
Address		City, State, Zip	
-	Phone Number	Fax Number	
	pecifically authorize the release ormation (Please <u>initial</u> each yo	e and/or exchange of the following Confidential rou wish to authorize):	
Records Scheduli	ng (Make, Cancel & Confirm Ap	ppointments) Financial Attend Sessi	ons
All (Records, Financial, So	cheduling, Appointment/Attenda	ance Other	

**Re-disclosure.** This release does **NOT** authorize re-disclosure of confidential information beyond the limits of this consent except in the case of court-ordered evaluations where the information may be disclosed to the court. The recipient of this information is **PROHIBITED** from using the information other than the stated purpose, and from disclosing to any other party without further authorization.

**Validity.** I understand that this authorization will automatically expire <u>one year</u> from the date of signature. I may revoke this authorization by sending a written notice to the person or entity authorized to make the disclosure described above.

## I authorize the release of information as indicated above.

Signature of Patient or Parent/Guardian if Minor Child	(Date)
Staff Signature	(Date)

If authorization is signed by a personal representative of the patient, a description of such representative's authority to act for the patient must be provided. (Parent of minor child, legal guardian, etc.)