ClearView
COUNSELING SERVICES

Authorization for Release of Information

Today's Date_____

Client Name_____ DOB_____ SSN_____

I hereby authorize a representative of ClearView Counseling Services to disclose or receive information concerning

the above named individual to/from _____.
Name of Program, Organization or Person

_____

#/Street City State Zip

Telephone_____ Fax_____

Type of information to be disclosed or received (check all that apply):

- ☐ Admission Sheet
- ☐ Consultation Reports
- ☐ Discharge Summary
- ☐ Emergency Treatment
- ☐ History & Physical
- ☐ Laboratory Reports
- ☐ Neuropsych Testing
- ☐ Operative Reports
- ☐ Progress Notes
- ☐ Physicians Orders
- ☐ Psychological Testing
- ☐ Treatment Plans
- ☐ Other, specify: _____

Purpose/Need for disclosure:_____

_____

I understand that my records are protected under the Federal Civilian Employment Alcoholism and Drug Abuse Confidentiality of Records (42 CFR Part2) and if a Federal Government employee, the Privacy Act of 1974. Information about me cannot be disclosed without my written consent unless otherwise provided for in the regulations. My refusal to sign this authorization will NOT affect my ability to obtain treatment, payment or enrollment in a health plan. This authorization will remain effective for 1 year unless an earlier date or condition is specified here_____.
I understand that I have the right to revoke this authorization in writing at any time, and that the revocation will be effective except to the extent that the party authorized to make disclosure pursuant to this authorization has already taken action in reliance on my authorization. My written revocation should be delivered to the discloser(s).

_____ _____
Signature of Client/Responsible Party Printed Name of Signer

_____ _____
Relationship to Client Date

_____ _____
Signature of Witness Printed Name of Witness

This authorization was designed to comply with the applicable requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as well as with state insurance and other federal and state laws governing the use of authorizations and protected confidential health information.