Dreamline
Counseling & Therapy

AUTHORIZATION TO OBTAIN OR RELEASE PROTECTED HEALTH INFORMATION

Client Name _____ DOB_____

Address: _____

Phone # _____ Mobile: _____ Email: _____

I hereby authorize Dreamline Counseling Services, LLC to ☐ release records to: ☐ or obtain records from:

☐Primary Care Physician ☐Psychiatrist ☐DCF/DJJ ☐Child Advocacy Ctr ☐School/Teacher ☐Other _____

Name (Facility or Person) _____ Phone # _____

Address_____

To include the following information contained in my records regarding my care and treatment (please initial):
____ Complete Record ____ Abstract/Narrative of Record ____ Consultation
____ Initial Assessment ____ Progress Note(s) ____ Other (please specify) _____

The purpose for the release of information at the request of the individual is:
_____Insurance _____Legal Action _____Continued Treatment ____Personal Use _____Client Communication
Other (Please Specify)_____

I understand that only the above-specified information can be disclosed by the above-specified organization. This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2). The Federal Rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the 42 CFR part 2. A general authorization for the release of medical or 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 patient.

This authorization for release of information shall be effective the date of signature and shall expire one year from the date of signature or at any time services are concluded if before one year. I also understand that I may revoke this consent or authorization at any time, providing I notify the program in writing to this effect. Revocation has no effect on action previously taken.

_____ _____
CLIENT'S SIGNATURE DATE

At this time, I am electing to refuse release of my records to my any person or entity _____(*initial here)*