CARMICHAEL COUNSELING

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CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

Client Full Name: ______________________________________ Date of Birth: ____/_____/_____

Address: ______________________________________ Phone: ____________________

I hereby authorize ***Carmichael Counseling, LLC.,*** *to communicate with, obtain from, and disclose between:*

Name: ______________________________________ Phone: ____________________

Address: ______________________________________ Fax: ____________________

the following information: *(please initial all that apply)*

______ Intake/Assessment
______ Psychological Evaluation
______ Therapy Progress Notes
______ Case Consultation
______ Chemical Dependency Evaluations / Treatment
______ Discharge Summary
______ Any Pertinent Information
______ Other: ______________________________

The purpose of these disclosures is:

[ ] Coordination of Care [ ] Other: ______________________________

This authorization will expire on _____/_____/______ *(no more than one year from the date signed)* or 30 days after my discharge from services, whichever is of lesser duration.

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand that these records could contain information about a substance abuse diagnosis or treatment, AIDS, HIV, Hepatitis, or sexually transmitted disease.

I also understand that I may revoke this consent at any time by notifying the providing organization in writing. If I chose to revoke consent, it will not have any effect on any action taken before the receipt of the revocation.

I permit a copy of this Consent to be used in place of the original.

______________________________________ Date Signed: ______________________
Client Signature

______________________________________ ______________________________________
Parent, Guardian, Authorized Representative Signature Witness Signature

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Relationship to Client