Tom McCabe, MA, LPC *Counseling for adults and mature teens*

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Authorization for Release of Information

Client name: _____ Birth date: _____ Phone: _____

SSN (optional): _____ Other names under which records might be filed:

_____

Release of information from:	**To:**
Name: _____	Name: _____
Address: _____	Address: _____
City, state, zip: _____	City, state, zip: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____

Description of information to be released: *(If substance abuse information is to be released from a federally assisted substance abuse treatment center, then that must be stated clearly in the following description.)*

_____

_____

The purpose of the release is: _____

☐ In addition, I authorize exchange of this information between both of these individuals or organizations.

This authorization expires on date/event: _____

I hereby authorize the use or disclosure of my health care and/or other information as described above. I understand that this authorization is voluntary. I understand that my records may contain sensitive information. I understand that I may revoke this authorization at any time in writing by notifying the individuals or organizations releasing this information; but if I do, it won't have any effect on actions taken on this authorization before my revocation was received. I understand that if the individual or organization authorized to receive this information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations. To the extent required by federal or state law, the recipient of this information must continue to keep this information confidential. I understand that I may request a copy of this signed authorization.

Signature of Client or Legal Representative: _____ Date: _____

Printed name: _____ Legal relationship: _____

A photocopy of this authorization is as valid as the original.

***RECIPIENTS**: If the information released pertains to alcohol or drug abuse, the confidentiality of this information is protected by federal law (CFR 42 Part 2) prohibiting you from making any further disclosure of this information without the specific written authorization of the person to whom it pertains or as otherwise permitted by CFR 42 Part 2. A general authorization for the release of medical or other information, if held by another party, is NOT sufficient for this purpose. Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.*