

## CONSENT FOR RELEASE OF INFORMATION

Method of delivery:

FAX \_\_\_\_\_ VERBAL \_\_\_\_\_ ELECTRONICALLY \_\_\_\_\_ HARD COPY \_\_\_\_\_

I, \_\_\_\_\_,  
give my consent for Grace in Motion Counseling to disclose to/from:

\_\_\_\_\_

Address/Phone:

\_\_\_\_\_

\_\_\_\_\_

Please **initial** on the line(s) for types of information you desire to be released.

- \_\_\_\_\_ Diagnosis/ Assessment Report
- \_\_\_\_\_ Treatment Summary
- \_\_\_\_\_ Legal Information
- \_\_\_\_\_ Status Report
- \_\_\_\_\_ Other specific limitations and/or dates \_\_\_\_\_

This information will be used in my evaluation, treatment, follow-up care, and/or to determine benefits payable and claim insurance for treatment services.

I hereby release both the above parties from any liability that may result from furnishing the information released.

I understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that; in any event, this consent shall expire one full year after completion of services provided by Grace in Motion Counseling. Federal regulation 42 C.F.R., Part 2, prohibits any further disclosure of this information, except with the specific written consent of the person to whom it pertains.

\_\_\_\_\_

Client Name (**Print Name**)

\_\_\_\_\_

Client or Legal Guardian Signature

Client DOB \_\_\_\_\_

Date Signed \_\_\_\_\_

### Revocation Section

I hereby request that this authorization to release the information to \_\_\_\_\_, described above be **rescinded**, effective \_\_\_\_/\_\_\_\_/20\_\_\_\_.

I understand that any action taken on this authorization prior to the rescind date is legal and binding.

\_\_\_\_\_

Client or Legal Guardian PRINT

\_\_\_\_\_

Client or Legal Guardian SIGNATURE