

Grace in Motion Counseling **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.

_____ Electronic or Hand-written Signature Required

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I hereby request that this authorization to release the information to _____, described above be **rescinded**, effective ____/____/20____.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

_____ Electronic or Hand-written Signature Required

Client or Legal Guardian PRINT

Client or Legal Guardian SIGNATURE