

Journey Inspired Counseling, PLLC

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**AUTHORIZATION FOR RELEASE
OF CONFIDENTIAL AND PROTECTED HEALTH INFORMATION**

Client Name: _____

Parent/Legal Guardian (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

**I, _____ give authorization and permission to
Journey Inspired Counseling, PLLC, and Jessica Joiner, LCSW, LAC to:**

Release to

Obtain from

Exchange with

Name: _____

Address: _____

Phone: _____

The following specific information only:

Verbal summary and
discussion of treatment

Record of attendance only

Evaluations/Testing reports

Treatment summary

Complete Medical/Mental
Health record

Treatment plan

Diagnosis/Psychiatric
conditions

Drug/Alcohol abuse
information

Psychotherapy Notes

Other: _____

The purpose of this release is:

Coordination of care

Treatment planning

Legal issues

Testing/assessment

Condition of court
order/parole

At the request of the client

Other: _____

I understand the following: *(See CFR §164.508(c)(2)(i-iii))*

- This authorization will expire in one (1) year from the date of signing, unless otherwise specified here: _____.
- The disclosure of health information is voluntary and I have the right to refuse to sign this authorization.
- I have the right to revoke this authorization in writing at any time, except to the extent information has already been released in reliance upon this authorization, by providing written notice to the provider's address on this form.
- The information released in response to this authorization may be re-disclosed to other parties by the recipient, in which case it would no longer be protected by federal privacy regulations.
- Unless the purpose of this Authorization is to determine payment of a claim or benefits, my treatment or payment for my treatment cannot be conditioned on the signing of this authorization.
- If I have authorized the release of Drug or Alcohol conditions, Federal Law (42 CFR Part 2) protects the confidentiality of this information.

 Client Signature Printed Name Date

 Relationship to Client (if applicable)

Any facsimile, photocopy, or other reproduction of this authorization is authorization to release the requested information.