Tides of Mind Counseling

Authorization to Release Information

I hereby authorize _____ to release

&/or exchange mental health, medical, psychiatric, psychological, HIV/AIDS, drug and alcohol abuse records of

(client name):_____ (date of birth): _____

To: _____

Address: _____

For the purpose of (check one):

___ Insurance Claims ___ Legal Representation

___ Continuing Care ___ Other (explain) _____

___ Determining Disability Eligibility _____

Covering treatment and/or hospitalization for the period _____ to _____

The specific information to be disclosed is:

___	Evaluation, Treatment, Discharge Reports	___	Medical Records
___	Psychosocial Assessments	___	HIV Related Records
___	Psychiatric Information	___	Treatment plans
___	Psychological/Developmental Testing	___	Drug/Alcohol abuse history/treatment
___	Educational Records	___	Specific Laboratory Reports
___	Legal Information	___	Other: _____

Disclosure may be made by ___ Fax ___ Mail ___ Verbal ___Electronic transmission

I understand that this consent is subject to revocation at any time unless action based on this release has already been taken. Unless otherwise specified, this authorization expires in one year. Specifications of the date, event, or condition upon which this authorization expires: _____
_____

I understand that further disclosure of the information to be disclosed may not be made without my written consent or as otherwise restricted by Federal Regulations (42 Code of Federal Regulations, Part 2, Confidentiality of Alcohol and Drug Abuse Treatment Patient Records). My refusal to grant consent in no way jeopardizes my right to treatment except where disclosure of such communication is necessary for treatment. I understand the reasonable benefits and disadvantages of my decision concerning this release.

Date _____ Signed (Client) _____

_____ _____
Relationship to Client Signature of Parent/Guardian

_____
Signature of Witness

230 FROST ROAD, WATERBURY · 990 MIGEON AVENUE, TORRINGTON
203.819.0789 TEL · 203.756.2521 FAX
WWW.TIDESOFMINDCOUNSELING.COM