



Strong as Stone Counseling Services, PLLC

AUTHORIZATION FOR THE RELEASE OF CONFIDENTIAL INFORMATION

INFORMATION TO BE RELEASED: I authorize Strong as Stone Counseling Services, PLLC to disclose and/or obtain protected health information (PHI) as described below, in accordance with applicable federal and state laws. (Please initial all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Psychological Evaluation | <input type="checkbox"/> Treatment Plan |
| <input type="checkbox"/> Initial Assessment | <input type="checkbox"/> Individual Progress Notes |
| <input type="checkbox"/> Verbal Communication Between Treating Providers | <input type="checkbox"/> Psychotherapy Notes (Requires Separate Authorization) |

PURPOSE OF DISCLOSURE: _____

AUTHORIZED RECIPIENT (TO AND/OR FROM): _____

(Name and contact information of person or organization)

CONDITIONS OF AUTHORIZATION:

- EXPIRATION:** This Authorization will expire on the following date:
_____. (If no date is specified, authorization will expire one year from the date signed.)
- REVOCAION:** I understand that I may revoke this authorization in writing at any time, except to the extent that action has already been taken in reliance upon it.

I UNDERSTAND THAT I AM NOT REQUIRED TO SIGN THIS AUTHORIZATION AND MAY REFUSE TO DO SO.

Client's Printed Name and DOB

Client Signature OR Parent/Guardian Signature (if client is a minor) Date

CLIENTS RIGHTS AND UNDERSTANDINGS

This information originates from records protected under federal and state law. Unauthorized use or disclosure of this information is strictly prohibited.

- I understand that I may revoke this authorization at any time in writing, except to the extent that action has already been taken in reliance on this authorization, in accordance with **45 CFR §164.508(b)(5)**.
- I understand that my treatment, payment, enrollment, or eligibility for benefits will not be conditioned on signing this authorization, as outlined in **45 CFR §164.508(c)(2)**.
- I understand that information disclosed under this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal privacy regulations under **45 CFR §164.508(c)(2)(iii)**.
- I understand that I have the right to receive a copy of this authorization, consistent **with 45 CFR §164.524**.