JAMIE SLAUGHTER COUNSELING, INC.

Client Release of Information Form

CLIENT INFORMATION

Client's Name:
_____

Address:
_____

City: _____ State: _____ Zip: _____

Phone: _____ DOB: _____

I, _____, am a therapy client with and authorize

Jamie Slaughter Counseling, Inc. to meet with, send, receive, and share confidential information with:

Name:
_____

Business: :
_____

Address:
_____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

This agreement is in place:

From (today's date): _____ to (date one year from today): _____

(A SEPARATE AUTHORIZATION, AS DEFINED BY HIPAA, IS REQUIRED FOR PSYCHOTHERAPY NOTES)

Jamie Slaughter Counseling, Inc.
7962 Oaklandon Road, Suite 104, Indianapolis, IN 46236
(317) 646-0762

Purpose for disclosure:

__ Planning appropriate treatment or programate
__ Continuing appropriate treatment or program
__ Coordination of care with other providers
__ Case review
__ Medical consultation
__ Legal consultation
__ Determining eligibility for insurance benefits or program

__ Other (specify):
_____

I understand this information may be protected by Title 42 (Code of Federal Rules of Privacy of Individually Identifiable Health Information, Parts 160 and 164) and Title 45 (Federal Rules of Confidentiality of Alcohol and Drug Abuse Patient Records, Chapter 1, Part 2), plus applicable state laws. I understand the information disclosed to the recipient may not be protected under these guidelines if they are not a health care provider covered by state or federal rules.

I understand that this authorization is voluntary, and I may revoke this consent at any time by providing written notice, and after 1 year this consent automatically expires. I have been informed about what information will be given, it's purpose, and who will receive the information. I understand that I have a right to receive a copy of this authorization. I understand that I have a right to refuse to sign this authorization.

Client's Signature: _____ Date: _____

Therapist Signature: _____ Date: _____

Witness (if client is unable to sign) Signature: _____

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