LifeWorks Counseling Center, LLC
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Pottstown, PA 19464
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Phone: 610-323-4673
Fax: 610-323-4672

CONSENT TO RELEASE

Client: _____ Date of Birth: _____

This form authorizes us to release or receive protected information from your clinical record to/from the person herein.

I authorize _____ and/or his/her staff to

_____ Release to _____ Receive From

_____

_____

The following (provide detailed description):

_____

_____

I am requesting to release this information for the following reasons:

_____

("At the request of the client" is all that is required if the client does not wish to give a reason.)

This authorization shall remain in effect for one year or until _____.

You have the right to revoke this authorization in writing at any time by sending such notification to this office. However, your revocation will not be effective to the extent that we have taken action in reliance on the authorization or if this authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

I understand that LifeWorks Counseling Center, LLC, generally may not condition services upon my signing an authorization unless the services provided to me are for the purpose of creating health information for a third party.

I understand that information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient of this information and are no longer protected by the HIPAA Privacy Rule.

_____ I do **not** want a copy of this form _____ I **do** want a copy of this form

_____ _____

Signature of Client Date

_____ _____

Signature of Parent/Guardian for a minor Date

Prohibition of re-disclosure: Confidential health care information has been disclosed to you from records whose confidentiality is protected by state and federal law. These laws, including HIPAA, prohibit you from making disclosures for this information unless further disclosure is expressly permitted by the written authorization of the person to whom it pertains. A general authorization for the release of medical or other information is NOT sufficient for this purpose.