## Living Well Behavioral Health, Inc.

## **Consent for the Release of Confidential Information**

Applicable Under Federal Law 42 CFR Part 2

Client's Last Name:	First:	DOI	B:/	/ SSN:		
I authorize the followi Well Behavioral Healt	ng organization and/or indiv h, Inc.:	ridual to release/e	xchange in	formation with Living		
Name of Agency and/o	or Individual:	Relat	ionship & 1	Γitle:		
Phone #:	Fax #:	Addı	ess:			
I voluntarily authorize purpose of: (please ini	and request disclosure (incluitial all that apply)	ıding paper, oral d	ınd electro	nic interchange) for the		
Discharge Planning	/Coordination of CareOt	:her:				
The following informa apply):	tion is the only authorized in	formation to be e	xchanged:	(please initial all that		
Clinical Intake	Discharge SummaryProg	ress NotesPsy	chological	Testing Reports		
Face Sheet(s)	Medication RecordsRefe	rral & Appointmen	t Dates	_Behavioral Plans		
All legal Document	ationPsychiatric Assessn	nentSubstance	e Use Infor	mation		
HIV/AIDS/Commur	nicable or non-communicable	disease				
organization, or individual namand or psychiatric information,	the above named agencies, organiztion e on the request. I understand that this substance abuse, drug abuse, and/or al and records pertaining to HIV/AIDS.	release may include infor	mation regardi	ing the following: Psychological		
the psychologist/NP/Psychiatri the psychologist/NP/Psychiatri records would be released at the	nfidential psychological report, I underst st, and may contain either the full repor st. Release of psychological report does ne discretion of the clinician providing so It to me, I become solely responsible for	t findings or an abbreviate not automatically imply a ervices outside of the scop	ed report of fin iccess to all me be of psycholog	dings as deemed appropriate by ntal health records, since such		
consent by me, unless otherwise the extent that action has already	on to be released is protected under the se provided for by state or federal law. I dy been taken to comply with it. Witho tomatically one year from the date it is	understand that I may re ut my express revocation,	voke this autho	prization at any time, except to		
Date	Signature of Client/ Signature of Guardian/or Authorized representative					
Date	Witness					
Date	Second Witness if phone co	nsent				