



Authorization to Release Confidential Records and Information

Name of Client: _____ Date of birth: _____

I hereby give consent and authorize Children's Counseling Center of Hershey to allow the use and sharing of Protected Health Information (PHI) about the above mentioned person to:

Professional/person/agency: _____

Phone: _____ Email: _____

The following information is authorized to be released/obtained/exchanged (please draw a line through those that do not apply):

- | | | |
|----------------------|----------------------|--------------------------|
| Reason for Treatment | Progress, Brief | Psychiatric Evaluation |
| Treatment Attendance | Treatment Plan/Goals | Psychological Evaluation |
| Treatment Summary | Discharge Summary | Medications |
| Other: _____ | | |

I authorize the transfer of these records for the following purpose(s) or uses (please draw a line through those that do not apply):

- Further mental health evaluation, treatment, or care
- Treatment planning
- Qualification for services or benefits
- Other: _____

I authorize, and provide consent to, Children's Counseling Center of Hershey to share information with the professional/person/agency listed above for the sole purpose of assisting treatment and services by way of this consent. I understand my consent is voluntary and I understand the consequences if I refuse to allow this release. I understand that Children's Counseling Center of Hershey has no control over any information after its release to the above professional/person/agency. In addition, I understand that it is my right to revoke this release of information at any time by writing Sara Czuchnicki at Children's Counseling Center of Hershey. Furthermore, I understand that revocation will not bring back the information that was released before the date of the revocation.

I understand that this consent will be valid for one (1) year from the date signed, or will expire at the conclusion of services.

Signatures:

Client or Guardian Signature

Date

Signature of Counselor

Date