

*INSPIRING HEALING AND HOPE COUNSELING AND DEVELOPMENT CENTER, LLC
8332 OFFICE PARK DRIVE, SUITE H, DOUGLASVILLE, GA 30134
404-907-6635*

RELEASE OF INFORMATION

I, _____, do hereby authorize or any related representative at Inspiring Healing and Hope Counseling and Development Center, LLC to

release receive exchange

information concerning (Name of Client, DOB)

to from with _____

I understand that such disclosure will be made for the following purposes:

- | | | |
|--|---|--|
| <input type="checkbox"/> Treatment Progress | <input type="checkbox"/> Psychiatric Evaluation | <input type="checkbox"/> Child Custody/ Visitation |
| <input type="checkbox"/> Treatment Planning | <input type="checkbox"/> Social History | <input type="checkbox"/> Competency to stand trial |
| <input type="checkbox"/> Medical Treatment | <input type="checkbox"/> Treatment Summary | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reimbursement for Treatment | <input type="checkbox"/> Diagnosis | |

I understand that unless otherwise limited by state or federal regulations, and except to the extent that action has been taken which was based on my consent, I may withdraw this consent at any time by giving written notice to LaShawn Faison-Bradley, LPC

If no prior notice of revocation is received, this consent will expire automatically two (2) years after the date indicated thereon.

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

I have read, or had read to me, the above, and understand the contents.

I authorize this information to be faxed to the party indicated above, and Initial _____ understand the limits of confidentiality which doing so creates.

I have received and read the ROI, however at this time, I do not have anyone I wish to release Initial _____ information to. I am aware that I can make additions/changes as necessary and at any time by completing this form.

Signature of client, parent, or legal guardian

Date