Wilson Counseling
LIFE CAN BE GOOD

AUTHORIZATION FOR RELEASE OF INFORMATION

CLIENT NAME: ________________________________ DOB: ______________

**I hereby authorize release of the following information**:

_____ Medical Evaluation _____ Laboratory Tests _____ Psychiatric/Psychological Evaluation
_____ Treatment Plans _____ Consultations _____ Educational Records
_____ Medical Records _____ Discharge Summary _____ Other____________________________

**_____ FROM _____ TO (initial one or both) Wilson Counseling, LLC**
**_____ FROM _____ TO (initial one or both) the following:**

_____ DCBS Protection & Permanency _____ DCBS Family Support
_____ Dept. for Juvenile Justice _____ LifeSkills
_____ District/Family Court _____ Board of Education _________ Co.
_____ Attorney ____________________ _____ Guardian Ad Litem
_____ Psychiatrist__________________ _____ Other ________________________

**Purpose of Release**:

_____ Coordinate in treatment _____ At request of the undersigned _____ Other:______________

I understand and agree that this Authorization will be valid until ____________ or 60 days after last date of treatment or event ______________________________.

I understand that I can revoke or cancel this Authorization at any time by sending a letter to Wilson Counseling. If I do, it will prevent any releases after the date received but cannot undo that some information may have already been released. I understand that if the person/entity that receives the information is not a healthcare provider or health plan covered by federal privacy regulations, the information described above may no longer be protected by those regulations.

I understand that I do not have to sign this Authorization and that my refusal to sign will not affect my ability to obtain treatment from Wilson Counseling, nor will it affect my eligibility for benefits.

I understand that I may inspect and have 1 free copy of the health information described herein.

___ I acknowledge that I was offered a copy of this completed Release of Information.

____________________________________________________ ______________________
Signature and Printed Name of Client/Guardian/Representative Date

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