## **Limitless Counseling Services (LCS) LLC**

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## **Referral Information**

\*\*\*Please send releases of information, demographic information, evaluations, and/or any pertinent collateral information when/if appropriate to assist with care.\*\*\*

Today's Date:	RoughtRoughtRoughtRought	utineEmergency
Patient Name:	DOB:	Age:
Patient Phone:	Patient SSN:	
Address:		
Current Marital Status:	Employment Status: Employe	d Student Other:
Email:		
Insurance & Member ID:	Group #	
Ins Policy Holder Information:		
Reasons Seeking Treatment: (Mark	all that apply)	
Abuse Alcohol d	& Drug Abuse IssueMental F	lealth Service Needs
Court-ordered Tx/Counseling	Tx in Lieu of Conviction Assessm	nentAftercare
Grief IssuesDepress	sion Released from psychia	tric hospitalStress
Dual DiagnosisAnxiety	Trauma	_Relapse Prevention
Medication Assisted Treatment (I continue receiving Suboxone, Su	MAT) provider requires ongoing counseli ublocade, Vivitrol, Subutex, etc.	ng services in order to
Other:		
Additional Information/Comments:		
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Prohibition Against Re-Disclosure: This information has been disclosed to you from records protected by federal confidentiality rules. The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 <u>C.F.R.</u>, Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client. Drug abuse patient records are also protected under the Health Insurance Portability and Accountability Act of 1996 [HIPAA], 45 <u>C.F.R.</u>, parts 160 and 164. [These conditions apply to every page disclosed and a copy of this authorization will accompany every disclosure.]