Life Christian Counseling Network, LLC

Clinical Excellence from a Christian Foundation

AUTHORIZATION TO RELEASE INFORMATION

I authorize LIFE CHRISTIAN COUNSELING NETWORK, LLC to release to, and receive from:

Name ____ Phone: ____________________

Address ____

[ ] School System [ ] Hospital [ ] Private Clinician
[ ] Pediatrician [ ] Court System [ ] Other
[ ] Family Member/Support person

The following information on ____ _______________
(Patient Name) (DOB)

_____ Medical Records
_____ Medical History/Physical
_____ Psychological Evaluation
_____ Social History
_____ Neurological Evaluation
_____ Academic Records/Educational Evaluation
_____ Treatment Plan/Patient Progress
_____ Discharge Summary
_____ Special Education File
_____ Results of Drug/Alcohol Treatment/Testing

Other (Specify): ____

For the purpose of: ____

Referral question (if applicable): ____

____

Approximate dates of service: ____

Name of Counselor:____ Cell Phone: ___________________

I have been informed of the type of information being released, the benefits and disadvantages (if any), and understand that treatment services are not contingent upon my decision concerning the signing of this release. I have also been informed that my photocopied signature is as valid as the original.

Signature of Patient: ____ Date: ___________

Signature of Custodial Parent/Guardian: ____ Date: ___________
(If patient is a minor)

Signature of Witness: ____ Date: ___________

Note: Remember to ask for permission to release information to any key person who has worked with the patient and family (e.g., probation officer, hospital clinician, private practice clinician, teacher, guidance counselor, attorney, etc.)

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains or otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

©2010 by Life Christian Counseling Network, LLC All Rights Reserved, 04-12

Office: 301-292-2778 **Toll free 1-888-283-4220** **Fax: 301-292-0275**
www.lifechristiancounseling.com **E-Mail: info@lifechristiancounseling.com**