

**AUTHORIZATION FOR RELEASE OF INFORMATION**

RE: Client's Name \_\_\_\_\_

I, \_\_\_\_\_, authorize \_\_\_\_\_ (name and title) of Peninsula Pastoral Counseling Center to release to, exchange or discuss with, and/or obtain from the therapist, agency, school, or individual indicated below any information contained in my records, including diagnosis, treatment information, or other reports or notations regarding my professional care for the purpose of the following:

\_\_\_\_\_

TO: (Name of individual, title, and organization):

\_\_\_\_\_

Complete Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ FAX Number \_\_\_\_\_

In cases of couple or family counseling, all participants over the age of 18 must authorize any release of information.

I understand that I may revoke the authorization of this use and disclosure at any time upon written request. However, (1) information used and disclosed prior to my request to revoke and (2) information used and disclosed in order to obtain insurance coverage may not be revoked.

Peninsula Pastoral Counseling Center will not condition treatment, payment or enrollment in my health plan, or benefits on the provision of an authorization. Only under circumstance where a health plan requires an authorization for payment, enrollment or eligibility for benefits will an authorization be required.

Information obtained in this authorization is subject, by the recipient, to be re-disclosed by the recipient and would no longer be protected by the HIPAA Privacy Standard.

*I consent to the release of any protected health information from non-Peninsula Pastoral Counseling Center providers that is in my file.*

→ INITIAL: Yes \_\_\_\_\_ No \_\_\_\_\_

→ EXPIRATION DATE TO USE AND DISCLOSE THIS INFORMATION TO THE ABOVE PARTY:

Date: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Printed Name \_\_\_\_\_

Representative Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship to Client  
(if signed by someone for client)

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_