

# Jasper Counseling Associates

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## Release of Information

Name of Patient: \_\_\_\_\_

\_\_\_\_\_ is hereby authorized to release to and/or receive from:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**the following documents and/or information (please check all that apply):**

Notification of Initial Contact \_\_\_\_\_  
General Treatment Information \_\_\_\_\_  
Periodic Progress and Evaluation Reports \_\_\_\_\_  
Attendance Reports \_\_\_\_\_  
Any information useful in treatment planning and/or coordinating treatment \_\_\_\_\_  
Other : \_\_\_\_\_

You have the right to revoke this authorization in writing at any time by sending such written notification your therapist listed above. Be advised that the revocation of this authorization, should you request it, will not be effective to the extent that I may have taken action in reliance on the previously granted authorization to release information or in the event that this prior authorization was obtained as a condition of your seeking to obtain insurance coverage where the insurer has legal right to contest the claim.

I understand that my receiving services is not generally contingent upon my signing an authorization to release information unless the services are provided to me for the purpose of creating health information for a third party.

I hereby release \_\_\_\_\_ from any and all liabilities, responsibilities, damages, and claims which might arise from the release of information as indicated above. I acknowledge that this consent is valid for: \_\_\_\_ 30 days \_\_\_\_ 60 days \_\_\_\_ 30 days after termination of treatment, or other (specify): \_\_\_\_\_.

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 rules.

Client's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client's representative: \_\_\_\_\_ Date: \_\_\_\_\_  
(if client is a minor)

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

### Notice to Receiving Agency or Individual

This information has been disclosed to you from records whose confidentiality is protected by federal law (42 CFR Part 2/37 CFR 1401) and in compliance with Section 408 of Public Law 92-255 (21 USC 1175). You are prohibited from making any further disclosure without the specific written consent of the person(s) to whom it pertains or as otherwise permitted by such regulations.