



Eden Counseling Center
Authorization to Release Patient Information

To authorize release of information to a Primary Care Physician please complete a 'PCP Release' form

Due to the HIPAA regulations governing Protected Healthcare Information we are unable to share ANY information with ANYONE (including family members) without written authorization from the patient or the legal guardian

PATIENT (LAST, FIRST, MI) PATIENT Social Security Number PATIENT Date of Birth

1. Please check ONE of the following:

- I DO NOT wish to release any information to anyone at this time (Please skip to section 5)
I DO wish to release information (Please complete ALL sections)

2. I authorize Eden Counseling Center to (Check ALL that apply)

RELEASE RECEIVE EXCHANGE Patient information as described below

TO/FROM/WITH: Name of Person/Teacher/Healthcare Provider/Caseworker/Foster Parent Relationship to the patient

Agency/School/Practice (if applicable)

Address City, State, Zip

Phone Fax

- Type of Release: (check all that apply) My Entire Record Billing Scheduling
Diagnosis/Treatment plan Treatment/Progress Notes Psychological Testing Results
Substance Abuse Evaluation Medication/Medical Records Other

4. Release will remain valid until revoked in writing unless otherwise checked below:

- One year from this date One-time authorization (Release will expire once the requested information has been sent/received)

5. Patient Authorization: By signing this release I understand and agree to the following

- This authorization may be revoked at any time by submitting a written request. Disclosure(s) made prior to receipt of revocation are authorized under the prior authorization.
Medical records, other than those faxed to another healthcare provider, are subject to a minimum records fee of \$25.
Information may be released: verbally, written, photocopy, fax, mail, or email unless patient indicates otherwise.

Please be aware that it could take up to 15 working days to prepare and release records

Signature of Patient, Parent, Legal Guardian Date Printed Name (last, first, MI) Relationship to patient

Witnessed by: ECC staff Date Patient Id

ECC ROI 03/2014 RELEASE ENTERED IN PATIENT ACCT: Initial Date