Kelley Counseling
1145 – D Executive Circle
Cary, NC 27511
P:919-249-5423
F: 919-377-8522
kelleycounselingnc@gmail.com

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ (client/guardian), hereby authorize the release and exchange of information specified below between **Kelley Counseling** and:

Name of person/organization information is to be released (address, phone & fax if available):

_____

_____

Client Name:_____ DOB: _____

Purpose of the disclosure authorized (as specific as possible)
Coordination of Care Referral Payment Utilization Management Other

Data may be released in written, verbal, or electronic form and may include copies of the following information:

(Please check all applicable information, enter NA if not requested)

__ Psychiatric Evaluation
__ General Progress in Treatment
__ HIV/AIDS History and TX
__ Service Plan/PCP
__ Discharge/Transfer Summary
__ Collection of Fees/Payment
__ Presence/Participation in TX
__ Psychological/Educational Testing
__ Alcohol or Substance Abuse History and TX
__ Medication History/Physician Orders
__ Labs and Special Tests as Indicated
__ Continuing Care Plan
__ Diagnosis
__ Other: _____

This Authorization For Release Of Information has been explained to me and I understand the contents to be released, the need for the information, and that there are statutes and regulations protecting the confidentiality of authorized information. I hereby acknowledge that this authorization is voluntary, and I have the right to have this Release reviewed by a third party or independent counsel. Further, I understand that this consent shall expire twelve (12) months from the date below and must be reauthorized at that time. I understand that I have the right to revoke this authorization at any time by sending written notice to Amelia Kelley.

_____ _____
Signature of Client Date

_____ _____
Signature of Parent/Legal Guardian or Personal Representative Date

_____ _____
Signature of Therapist Date

Therapist Name & Contact Info:

CONFIDENTIALITY NOTICE from Kelley Counseling HIPAA Privacy Notification: Anyone receiving this information must also treat this medical information as confidential and needs to follow HIPAA and CFR42 guidelines.