



UPPER ROOM COUNSELING

13121 Co Rd 16, Blair, NE 68008

402.426.9020

www.upperroomcounseling.com

Consent to Release Confidential Records and Information

Name _____ DOB ____ / ____ / ____
Address _____ Phone # _____

I hereby authorize and direct that Upper Room Counseling will *receive information from and release information to:*

Name(s) and/or Title(s) _____ Phone # _____
Address _____

(*Required) THE REQUESTED INFORMATION IS NEEDED FOR THE FOLLOWING PURPOSE: _____

I _____ GRANT UPPER ROOM COUNSELING PERMISSION TO RECEIVE/RELEASE ALL OF THE BELOW LISTED INFORMATION UNLESS OTHERWISE SPECIFIED: (Check any category you want released)

- _____ **Medical:** discharge summary
- _____ **Psychological:** evaluation
- _____ **Social:** social history, family history, behavioral issues
- _____ **Educational:** transcripts, test results, learning disabilities
- _____ **Substance Abuse:** chemical dependency evaluation, treatment results
- _____ **Other Pertinent Information:** _____

- I understand that this authorization will expire on ____ / ____ / ____ (DD/MM/YR) or one year after my termination from participation. **INITIALS:** _____
- I understand that I may revoke this authorization at any time by notifying the providing organization in writing, but if I do, it won't have any effect on any actions they took before they received the revocation. **INITIALS:** _____

Warning: The confidentiality of this information is protected by Federal Law (42CFR11). No further disclosure of this information is allowed without the above named person's written consent specifying release of this information in accord with Federal regulations. Further, no redisclosure of this information is permitted except from the original source unless further disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted under 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. [52 FR 21809, June 9, 1987; 52 FR 41997, Nov. 2, 1987]

If signed by person other than client: My relationship to the client and my authority to consent and direct this authorization is as follows: _____

Signed _____ **Date** _____

Witness _____ **Date** _____

You may refuse to sign this release

Participant is to receive a signed copy of this form.