Northland Complete Counseling

Request/Release of Information

Client Name:_____ DOB:_____ SSN:_____
First Last

Address:_____
Street & Apt City State Zip Code

I AUTHORIZE NORTHLAND COMPLETE COUNSELING TO:

☐ To Release To AND/OR ☐ To Receive From

Name/Entity:_____ Phone:_____ Fax:_____

Address:_____ Email:_____
Street & Apt City State Zip Code

If you are requesting information to be sent to the above entity, please select desired method: ☐ Fax ☐ Email ☐ Mail

INFORMATION TO BE RELEASE/RECEIVED:

*NOTE: HIV-related information and drug and alcohol information contained in these records will be released under this consent unless indicated here: ☐ Do not release

NORTHLAND COMPLETE COUNSELING TO RELEASE:

☐ Progress Notes/Records* Dates _____ to_____ ALL ☐

**There is a $25 fee due before records are sent. If records are sent directly to a healthcare provider, NCC will waive fee.*

☐ Letter/Report+

+There is a $50 fee due before the letter/report written and sent.

☐ Billing Statements/Information (Unless specific dates are listed, will cover the entire treatment)_____

☐ Dates of Treatment (unless specific dates are listed, will cover the entire treatment)_____

☐ Verbal Communication^ (if you are wanting your therapist to talk to the above entity, please select Verbal Communication on both the RELEASE and RECEIVE sections) ^For phone calls, *there is a $25 fee for each 15 minutes interval. Phone call fees will be billed.*

☐ Other, please specify_____

NORTHLAND COMPLETE COUNSELING TO RECEIVE:

The entity you are requesting information from may have fees of their own related to the requested information. Please check with the entity regarding their policy on releasing information.

☐ Progress Notes/Records* Dates _____ to_____ ALL ☐

☐ Intake/Admissions Forms

☐ Discharge Summary/Treatment Plan

☐ Psychiatric/Psychological Evaluation

☐ Verbal Communication^ (if you are wanting your therapist to talk to the above entity, please select Verbal Communication on both the RELEASE and RECEIVE sections)

☐ Other, please specify_____

Methods to send the requested information to Northland Complete Counseling:

☐ Fax: 816-379-3745 ☐ Secure Email: admin@northlandcompletecounseling.com ☐ Mail: 1524 NE 96th St Ste C, Liberty, MO 64068

PURPOSE OF DISCLOSURE:

☐ Continuation of Care ☐ Attorney/Lawyer ☐ Guardian ad litem/case worker ☐ Parent ☐ 3rd Party Payer ☐ Parole Officer

☐ Other, please specify_____

EXPIRATION:

☐ Until I revoke or end of treatment

☐ 90 days from the date of this authorization was signed

☐ 1 year from the date of this authorization was signed

☐ Upon release of mandated sessions by probation/parole/court order

I UNDERSTAND:

1. This authorization is voluntary and I may refuse to sign.
2. If the entity I authorized to receive the information is not subject to federal health information privacy laws, they may further release the protected health information and it may no longer be protected by federal privacy laws.
3. My treatment, payment for health care, enrollment in a health plan or eligibility for benefits may not be conditioned on signing this authorization.
4. I may revoke this authorization at any time in writing, but if I do, it will not have any effect on any actions taken before the revocation is received.
5. I may see and copy the information described on this form upon my request.
6. I may refer to the Notice of Privacy Practices to get more in-depth information regarding my privacy rights.

I have carefully read and understand the statements above and authorize the disclosure of the selected information to the above entity.

By signing below, I authorize the use of my protected health information.

For Adolescent Clients: _____ _____ _____ _____
Parent/Guardian Signature | Printed Name of Parent/Guardian | Relation to Client | Date

For Adult Clients: _____ _____ _____
Client Signature | Printed Name of Client | Date

For Couples1st Client: _____ _____ _____
Signature of 1st Client | Printed Name of 1st Client | Date

2nd Client: _____ _____ _____
Signature of 2nd Client | Printed Name of 2nd Client | Date