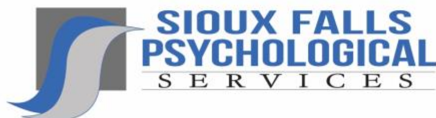

STRONGHOLD COUNSELING SERVICES, INC.

river COUNSELING SERVICES

Consent to Release or Obtain Information

This is consent for release of information about: ____
(Client Name)

Social Security Number: _______-_____-__________ Birth Date: _______________________________

I authorize Sioux Falls Psychological Services, Stronghold Counseling Services, or River Counseling Services (SFPS, Stronghold, or River) and __________ ______________ ________________________
(Therapist)

to release/exchange to: ____
(Name of persons or organizations)

Address: ____

Fax: ___________________________________ Phone: _______________________________________

For the purpose of: ____

- I understand that I am authorizing those identified above to release and exchange information. The information I authorize a person or entity to receive may not be re-disclosed and no longer protected by federal privacy regulations.
- I understand that unless noted this release shall be reciprocal, allowing both the counseling center and the source noted below to receive and exchange information.
- I understand that my written notice to the counseling center will revoke this consent at any time.
- I understand that I will be informed of requests for information.
- I understand that I may review any information being disclosed or copy the information used.
- I understand that information regarding my care may be shared internally to assure effective services.
- I understand that unless noticed this release can be transmitted by facsimile.

THE INFORMATION WILL BE USED/DISCLOSED FOR THE FOLLOWING PURPOSES:

_____ Acknowledgement of Referral
_____ Past/Current Assessment
_____ Diagnostic Information
_____ Case Management
_____ Legal Orders/Filings
_____ Progress
_____ Social/Historical Past/Current
_____ Recommendations/Plans
_____ Medical/Medication
_____ Community Support
_____ Discharge Summaries

Other (specify): ____

This authorization expires on: ____

Client/Guardian Name (please print): ____

Relationship to Client: ____

Client/Guardian Signature: ____ Date: ______________