Coastal Virginia Counseling
Helping you reach your best

AUTHORIZATION TO EXCHANGE, REQUEST, OR RELEASE INFORMATION

I, _____ hereby request and authorize Coastal Virginia Counseling

☐ To Exchange with ☐ To Release to ☐ To Obtain from	Name of Organization:_____ Address: _____ Phone/Fax Number: _____

The following Information:

- ☐ Diagnosis
- ☐ Medications
- ☐ Treatment Plans
- ☐ Physician Notes
- ☐ Alcohol and Drug Diagnosis/Treatment
- ☐ Treatment Summaries
- ☐ Evaluations
- ☐ Report Card
- ☐ Behavior Referrals
- ☐ All Files
- ☐ Other _____

_____ _____/_____/_____
(Name of Client) (Date of Birth)

The purpose or need of this disclosure:

- ☐ Treatment and Evaluation
- ☐ Coordination of Services
- ☐ Other _____

The consent can be revoked by the undersigned grantor at any time. If not revoked earlier, it shall terminate at the end of" ____3 months ___6 months ___12 months

I understand that this consent is revocable upon written notice to the healthcare provider, except to the extent that action has already been taken on this authorization. Letters of revocations should be sent to the Coastal Virginia Counseling. The authorization shall expire upon occurrence of the following event that related to me or to the purpose of the intended use or disclosure of information about me: my written revocation. Any information disclosed based on this authorization may be re-disclosed by the recipient and may no longer be protected. I understand that the medical provider to whom this authorization is furnished may not condition its treatment of me on whether or not I sign the authorization.

_____ _____
(Signature of Client or Legal Guardian) (Signature of Witness)

_____ _____
(Date Signed) (Date Signed)

CONFIDENTIALITY NOTICE: This release may contain information that is privileged, confidential or otherwise protected from disclosure. It is intended only for the use of the authorized individual as indicated in this release. If you are not the intended recipient of this release, please notify the sender immediately by return e-mail, purge it and do not disseminate or copy it.