AUTHORIZATION FOR RELEASE OF INFORMATION

Client's Name: _____DOB: _____

I,_____(client or legal guardian), hereby authorize

Nightingale Behavioral and Counseling Service to ☐**send** and/or ☐**receive** information (as noted below) ☐**to** and/or ☐**from**:

Name of Person or Facility: _____Phone:_____

Address: _____City: _____State: ____Zip: _____

_____Academic testing results	_____Psychological testing results
_____Behavior programs	_____Service plans
_____Progress reports	_____Summary reports
_____Intelligence testing results	_____Vocational testing results
_____Medical reports	_____School records
_____Personality profiles	_____Entire record (*except psychotherapy notes)
_____Psychological reports	_____Other (specify): _____

*Psychotherapy notes have increased protection under HIPPA, a separate authorization is required

The above information will be used for the following purposes:

_____Planning appropriate treatment or program
_____Continuing appropriate treatment or program
_____Determining eligibility for benefits or program
_____Case review
_____Updating files
_____Other (specify):_____

I understand that this information may be protected by Title 42 (Code of Federal Rules of Privacy of Individually Identifiable Health Information, Parts 160 and 164) and Title 45 (Federal Rules of Confidentiality of Alcohol and Drug Abuse Patient Records, Chapter 1, Part 2), plus applicable state laws. I further understand the information disclosed to the recipient may not be protected under these guidelines if they are not a health care provider covered by state or federal rules.

I understand that this authorization is voluntary, and I may revoke this consent at any time by providing written notice, and after 1 year this consent automatically expires. I have been informed what information will be given, its purpose, and who will receive the information. I understand that I have a right to receive a copy of this authorization. I understand that I have a right to refuse to sign this authorization.

Patient Signature (if over 18 years or emancipated): _____Date_____

For minors:

Legal Guardian Signature_____Date_____

Legal Guardian Signature_____Date_____