

Monsour Counseling and Psychological Service
757 College Way
Claremont, CA 91711
Phone (909) 621-8202
Fax (909) 621-8482



AUTHORIZATION FOR RELEASE OF CONFIDENTIAL HEALTH INFORMATION

I hereby authorize Monsour Counseling and Psychological Services to disclose and exchange confidential health information to the specified person(s), agencies, or entities below in the form of copies of records and/or professional communications (written, facsimile, electronic, and/or oral) for the following client:

(Client's full name, PLEASE PRINT)

____/____/____

(Client's Date of Birth)

Released to: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

This authorization relates to the facilitation of communication regarding treatment and/or coordination of care. Per this authorization, I am authorizing the disclosure of the following types of specified information:

I understand that I have the right to inspect and copy records which are disclosed per this authorization. I may revoke this authorization at any time (except to the extent that action has already been taken) by submitting a written revocation to the originating provider (Monsour Counseling and Psychological Services). If I refuse to sign this authorization, my medical record/information will not be released except as required by law. This authorization will be considered valid for one year following the date of signature unless another date is specified here: _____.

(Signature of Client)

(Date)

(Printed Name of Client)

(Signature of Witness)

(Date)

NOTICE TO RECEIVING AGENCY/PERSON: This information has been disclosed to you from the records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate any alcohol or drug abuse patient.

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(Printed Name of Witness)



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