Family Advocacy and Mental Wellness

3969C Southeastern Way
West Columbia, SC 29169
Ph: 803-851-4049
Fx: 803-851-3956
www.ChoicesSC.com

Authorization to Disclose Protected Health Information/Revocation of Authorization

Intended Use or Disclosure:
I understand that Choices Counseling Center, LLC (CCC) will not disclose my protected health information (PHI) to other parties without my written authorization or as permitted or required by law. For this reason, I authorize you to discuss and disclose my PHI to the person(s) named below for the purpose of assisting with, or facilitating, the coordination of CCC services. I also understand that if my Personal Representative is not a health care provider or another entity subject to federal or application stated privacy laws, my PHI may no longer be protected by those privacy laws and my Personal Representative may further disclose my PHI without my authorization. I acknowledge that my authorization is voluntary.

Client's Name:	Social Security or Other Client ID:	Date of Birth:

I, ____, request and authorize
(Client/Legal Guardian/Personal Representative)

___Choices Counseling Center, LLC___ to use or disclose to ______________________________________
(Name of Agency/Person/Facility)

the following protected information:
____
____
____
____

_____This authorization will expire thirty (30) days after I have been discharged from CCC services.

_____I may cancel this authorization by going to the Choices Counseling Center, LLC office and completing the revocation section on the back of this form. I understand that if my PHI has already been disclosed pursuant to my authorization, later revocation will not serve to stop what has already gone out.

_____Once information is disclosed pursuant to this authorization, I understand that it is possible that my PHI that is disclosed under this authorization may be subject to re-disclosure by the recipient and no longer protected by this rule.

_____I understand that whether or not I authorize the release of this information it has no effect on my ability to participate in or receive benefits from any CCC programs.

Signature of Client: _______________________________________ Date: ________________________
OR
Personal Representative: ___________________________________ Relation to Client: ______________
Verification of Relationship: ____
Description of Person's Authority to Act: ____

If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a complaint with one of our Directors. We will not take any action against you or change our treatment of you in any way if you file a complaint.

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Revocation of Authorization to Disclose Protected Health Information

I, _______________________________________, am revoking my previous authorization for Choices Counseling
(Client/Legal Guardian/Personal Representative)

Center, LLC to disclose my Protected Health Information (PHI) to _______________________________________.
(Name of Agency/Person/Facility)

I base my decision on the following reason(s): ____
____
____
____
____
____.

_____I understand that if my PHI has already been disclosed pursuant to my authorization, later revocation will not serve to stop what has already gone out.

_____Once information is disclosed pursuant to this authorization, I understand that it is possible that my PHI that is disclosed under this authorization may be subject to re-disclosure by the recipient and no longer protected by this rule.

_____I understand that my revocation to authorize the release of this information has no effect on my ability to participate in or receive benefits from any CCC programs.

Signature of Client: ____ Date: ________________________

OR

Personal Representative: ______________________________________ Relation to Client: ______________

Verification of Relationship: ____

Description of Person's Authority to Act: ____

(Copy of DL attached)

If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a complaint with one of our Directors. We will not take any action against you or change our treatment of you in any way if you file a complaint.

Revised 06/01/18