www.hellowellnesscs.com

Tele: (609) 788-4698

AUTHORIZATION FOR RELEASE OF INFORMATION

Date: _____Client Name: _____ D.O.B._____

Address: _____City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Here at Hello Wellness, we respect your personal information you have shared with us and want you to understand your rights as a client. Please read the information below.

PATIENT RIGHTS

- You may end this authorization (permission to use or disclose information) any time by contacting our office.
- If you make a request to end this authorization, it will not include information that may have already been used or disclosed based on your previous permission.
- You will not be required to sign this form as a condition of treatment, payment, enrollment, or eligibility for benefits.
- You have a right to a copy of this signed authorization.
- If you choose not to agree with this request, your benefits or services will not be affected.

PATIENT AUTHORIZATION

I hereby authorize the name(s) or entities written below to release verbally or in writing information regarding any medical, legal/court records, educational records, mental health and/or alcohol/drug abuse diagnosis or treatment recommended or rendered to the above identified patient. I authorize these agencies to share information by mail, phone, in person, fax and/or email contact. I understand that records are protected by Federal and state laws governing the confidentiality of mental health and substance abuse records and cannot by disclosed without my consent unless otherwise provided in the regulations. I also understand that I may revoke this consent anytime and must do so in writing. A request to revoke this authorization with not affect any actions taken before the provider receives the request.

By signing this form, I am allowing the following:

☐ I authorize Hello Wellness Counseling Services to RELEASE my protected information to:

_____

☐ I authorize Hello Wellness Counseling Services to RELEASE my protected information to:

_____