The Therapist
COUNSELING & LIFE COACHING

401 W Laurel Street | **Suite C** | Brainerd, MN 56401 **COUNSELINGANDLIFECOACHING.COM** **PH** 218.454.3288 | **FX** 218.461.3873

Consent for the Release of Private Information including Private Health Information (PHI)

Name of Client: _____ DOB: _____

Street Address: _____

I authorize **the release and/or exchange** of the following information from my records: ***(please check all that apply)***

- ☐ Psychiatric Evaluation
- ☐ Psychological Test Scores/Profiles
- ☐ Diagnosis/Diagnostic Assessments
- ☐ Progress Reports and Treatment Plans
- ☐ Verbal Communication

Other: _____

This consent will expire within one year from the date of signature unless earlier expiration is noted here: _____

This information will be exchanged between (from/to):

The Therapist PLC, 324 S 5 Street Suite J, Brainerd, MN 56401 and:

Person and / or Organization: _____

_____

Address: _____

Phone Number: _____ Fax Number: _____

I understand that I may revoke this authorization at any time with written notification, but that the revocation will not have any effect on the information released prior to notification of revocation. Please see your Notice of Privacy Practices for information on how to revoke this authorization. The Therapist PLC will not refuse or restrict my treatment if I choose not to sign this authorization. A photocopy/fax of this authorization will be treated in the same manner as the original.

Further, I realize that The Therapist PLC cannot prevent the re-disclosure of records released as a result of this request and that the records may not be subject to privacy rule protections; therefore The Therapist PLC is released from any and all liability resulting from re-disclosure from 3rd party sources. Also, the undersigned understands he/she may revoke this authorization at any time, except to the extent that action has already been taken in reliance upon, and by giving written notice to The Therapist, PLC.

My signature also means I have read this form and/or have had it read to me and explained in a language that I can understand.

Client Signature: (Parent or guardian if client is minor or incompetent) _____ Date: _____

Client Signature: _____ Date: _____