Counseling For Wellness, L.L.P.

420 West Main St.
Kent, Ohio 44240
330-677-2000
Fax: 330-548-0039

15985 East High St. Suite 206
Middlefield, Ohio 44062
440-632-6333
Fax: 330-632-6333

Authorization for Release of Information

From The Records of:

Name:_____ **Date:**_____
First M.I. Last

Date of Birth: _____ **SSN:**_____

I AUTHORIZE COUNSELING FOR WELLNESS, L.L.P. to (check one or both):

☐ Release to ☐ Obtain from

Facility/Individual : _____

Address: _____

_____

I AUTHORIZE THE RELEASE OF THE FOLLOWING INFORMATION BY COUNSELING FOR WELLNESS, L.L.P.

☐ Summary of Treatment ☐ Evaluation of Emotional Status
☐ Other (please specify) _____

I AUTHORIZE THE RELEASE OF THE FOLLOWING INFORMATION TO COUNSELING FOR WELLNESS, L.L.P.

☐ Reasons For Referral
☐ Discharge Summary/ Evaluation
☐ Psychological testing
☐ School Attendance (truancy, etc.)
☐ Record of Criminal Offenses
☐ Social and Family History
☐ Treatment Summary/Evaluation/Recommendations
☐ Results of all Laboratory Tests
☐ School Performance
☐ Medical History and Physical Exam

Other: (please specify)_____

Release format: ☐ Verbal ☐ Written

Purpose or need for information: _____

Unless release is revoked will expire on: _____

I expressly consent to the release of information designated above. I understand and acknowledge that this authorization extends to all or any part of the records designated above, which may include treatment for mental illness, alcohol/drug abuse and or Human Immunodeficiency Virus (HIV)/ Acquired Immune Deficiency Syndrome (AIDS) tests or diagnosis.

This authorization can be revoked at any time by providing written notice to Counseling for Wellness, L.L.P. I understand that any information released prior to revocation cannot be retrieved and that Counseling For Wellness, L.L.P. will not be held responsible for such. I hereby release Counseling for Wellness, L.L.P. from all legal responsibilities or liability that may arise from this act.

Client Signature: _____ Date: _____

Witness Signature: _____ Date:_____

Legal Guardian Signature:_____ Date:_____ Relationship:_____