

# Strength of Life Counseling Services

37 S. Wenatchee Ave Suite F Wenatchee WA 98801

Office #: (509) 888-4866 & Fax #: (509) 888-5116 • [www.strengthoflife.org](http://www.strengthoflife.org)

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## AUTHORIZATION FOR RELEASE OF INFORMATION

Authorization For: \_\_\_\_\_ Release of Information

In RE: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date/s of Therapy: \_\_\_\_\_

I Hereby Request: \_\_\_\_\_

To release copies of the following confidential information to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

### I SPECIFICALLY AUTHORIZE THE RELEASE OF THE FOLLOWING:

\_\_\_\_ Medical History and Physical Examination(s)

\_\_\_\_ Progress Notes

\_\_\_\_ Laboratory and X-Ray Reports

\_\_\_\_ Consultation Reports

\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_ Admission/Evaluation Summary

\_\_\_\_ Psychological Evaluation

\_\_\_\_ Physician's Orders

\_\_\_\_ Discharge Treatment Summary

\_\_\_\_ Substance Abuse

\_\_\_\_ Assessment/Treatment Information

This authorization is valid for sixty (60) days from date of signature or completion of treatment at Strength of Life Counseling Services, P.L./final insurance billing, as the case may be, whichever is later unless a different expiration date/event is specified here \_\_\_\_\_. This authorization is subject to revocation at any time except to the extent that Strength of Life Counseling Services, P.L. has already acted in reliance on it.

I understand that my protected health information disclosed pursuant to this agreement may be subject to redisclosure by the recipient and in such cases may no longer be protected by state or federal rules of confidentiality.

I understand that I have the right to refuse to sign this form for authorization to disclose or release my protected health information and that my refusal to sign this authorization will not adversely affect my ability to receive health care services.

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

### **PROHIBITION OF REDISCLOSURE**

This information has been disclosed to you from records protected by Federal Law. Federal Regulations prohibit making any further disclosure of the information unless expressly permitted in writing by the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for release of information is NOT sufficient for this purpose.