

# Behavioral Health Consulting Services, LLC

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## Authorization for Release of Confidential Information

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

Date of Birth: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Social Security: \_\_\_\_\_

I hereby authorize BHCS, LLC or

### Obtain from:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Release to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

These records are needed for the purpose of (*please indicate*): Admission, Evaluation, Treatment, Clinical File Audit, Other:  Evaluation Assessment \_\_\_\_\_

The following information for the records of the above named person is requested:

Treatment/Discharge Summary

Psychological Evaluation

Psychiatric History

Social Service Summary

Developmental History

Other (list specific documents and dates):

Assessment \_\_\_\_\_

The undersigned agrees that this release is effective for a period of one year from the date signed and may be revoked by written statement (or by oral statement if the undersigned is not able to give written consent due to physical reasons) of the undersigned to the Custodian of Records at any time, according to the rules and regulations of the Department of Public Welfare.

Furthermore the undersigned understands that this information has been disclosed to the Requestor from confidential records protected by the State and Federal statute, State regulations limit the Requestor's right to make any further disclosure of this information without prior written consent of the person to whom it pertains.

This consent is given freely this \_\_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_ (year) and will expire on \_\_/\_\_/\_\_ (not to exceed 1 year of the date of signature) or upon the following event or conditions:

\_\_\_\_\_

\_\_\_\_\_  
Signature of Client/Date

\_\_\_\_\_  
Witness #1

\_\_\_\_\_  
Signature of Parent/Legal Guardian  
(If the person releasing records is younger than 14 years or is legally incompetent).

\_\_\_\_\_  
Witness #2 (Two witnesses are needed when the person releasing the records is physically unable to sign, but has given verbal consent).

Verbal Consent Given: \_\_\_\_\_

