Behavioral Health Consulting Services, LLC

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(9-12)

Authorization for Release of Confidential Information

Name: ______________________________ Date of Birth: _______________________
Address: _____________________________ Phone Number: ______________________
____________________________________ Social Security: ______________________

I hereby authorize BHCS, LLC to:

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
___ Psychiatric History
___ Developmental History
___ Psychological Evaluation
___ Social Service Summary

Other (list specific documents and dates):
Assessment____

The undersigned agrees that this release is effective for a period of one year form 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

____
Witness #2 (Two witnesses are needed
when the person releasing the records

younger than 14 years or is legally incompetent).

is physically unable to sign, but has given verbal consent).

Verbal Consent Given: _________________