BRIGHT HOPE
Christian Counseling Center, PLLC

Serving Individual Adult, Adolescent, Children and Couples

270 North Main, Logan, UT 84321 – Phone: 801-317-4410 – Fax: 435-227-0401 – Email: karen@bhccc.org – Web: https://bhccc.org

AUTHORIZATION TO RELEASE INFORMATION

I, _____, _____
(Print Client Name) (Client's date of birth – mm/dd/yyyy)

hereby authorize my therapist, Karen Flessner, LCSW, CCTP to share my specific information with:

_____
(Print Name of Person & Entity to release information to)

_____
(List phone number, fax number and email address of the person or entity to release information to)

Specific Information Disclosure:

- ☐ Client's Name & Therapist's Name
- ☐ Name & Dates of Session(s)
- ☐ Diagnosis & Treatment Plan
- ☐ Social History
- ☐ Medical History
- ☐ Other (Describe below):

_____

_____

Client authorized the above information disclosure for the following reasons:

- ☐ Financial Assistance
- ☐ Collateral Contact
- ☐ Continued Care by another Physician/Mental Health Provider
- ☐ Coordinated Care
- ☐ Insurance Claim
- ☐ Support Opportunities
- ☐ Training & Supervision
- ☐ Other (Describe below):

_____

_____

I understand –

- I have the right to receive a copy of this authorization.
- I have a right to refuse to sign this authorization form due to my personal reasons.
- That any cancellation and/or modification of this authorization must be done in writing.
- I have the right to revoke this authorization at any time, unless my Therapist has already acted upon it.
- That my Therapist must receive my signed written request for this revocation to be effective.
- That my Therapist shall not condition my treatment in any form upon my signing this authorization form and/or revocation request.
- The information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by the HIPPA Privacy Rule, although applicable Utah law may protect my information.
- This authorization shall remain valid for one year from the date this authorization form is signed.

Acknowledgment & Signature:

I have read and agreed to the terms outlined in this document, **AUTHORIZATION TO RELEASE INFORMATION.** I acknowledge that I am the Client, or a legal representative of the client. I agree that my e-signature below is a legally binding equivalent to my handwritten signature.

Client's Name (Print): _____

Client's Signature: _____

Today's Date: _____

Father's Name (Print): _____

Father's Signature: _____

Today's Date: _____

Mother's Name (Print): _____

Mother's Signature: _____

Today's Date: _____