

Upstream Counseling LLC

Maria Ballard, LPC

Authorization for Release of Client Information

Client Name: _____ Date of Birth: _____
Address: _____ Phone: _____

I hereby authorize Upstream Counseling LLC via Maria Ballard, LPC to request/release information from/to:

Name: _____ Phone: _____
Address: _____

Information to be released or obtained: **PLEASE INITIAL**

- ____ Client Intake Report
- ____ Progress Notes
- ____ Request for Additional Sessions
- ____ Financial Reports/ Billing Information
- ____ Treatment Summary
- ____ ALL OF THE ABOVE

____ I understand the information to be obtained and/or released is for use by Upstream Counseling LLC only, and will not be shared with any others except by my consent. I acknowledge that material released MAY INCLUDE material that is protected by federal law. My initials and my signature below authorize the following information:

____ Mental Health _____ Drug/Alcohol Use _____ HIV Information

PROHIBITION ON RE-DISCLOSURE: the information has been disclosed to you from records who is confidentialities protected by Federal Regulations (42 CFR Part 2) prohibiting you from making any further disclosures of this information except within the specific written consent of the person whom it pertains. A general authorization for the release of medical or other information if held by another party is NOT sufficient for this purpose. Federal Regulations State that any person who violates any provision of this law shall be fined not more than \$500 in the case of a first offense, and not more than \$5,000 in the case of each subsequent offense.

This consent will expire one year from the date of the signature. I may revoke this authorization at any time with written notification to upstream counseling LLC unless action has already been taken. I understand siding this authorization is strictly voluntary.

Signature: _____ Date: _____

Upstream Counseling LLC

Maria Ballard, LPC

____ Patient ____ Legal Guardian ____ Parent