



CLIENT AUTHORIZATION TO RELEASE/OBTAIN INFORMATION

Client name

Date of birth

Client #

I authorize Courage Center to release or obtain the above-named client's identifiable information, including contact information, and information about the client's physical health or mental health, condition, health care or other services, and payment for services, under the circumstances described below.

Check all that apply:

- Courage Center may release the client's information to the following person/organization for the stated purpose.
- The following person/organization may disclose the client's information to Courage Center for Courage Center's use, for the stated purpose.

Name: _____

Address: _____

Purpose of release or disclosure: _____

Type of information (*specific description of information, including dates*):

NOTE: If this authorization is used for psychotherapy notes, it may not be used for any other type of information.

This authorization will expire one year from the date signed, unless an earlier date is provided here: _____

I understand that:

- This authorization must be filled out completely to be valid. A copy is as valid as the original.
- Courage Center will not refuse to provide healthcare services to the client, based on refusal to authorize the use or disclosure of the client's personal health information for a purpose unrelated to those healthcare services.
- I may revoke this authorization at any time by notifying Courage Center in writing, but if I do, it will not affect any actions Courage Center took in reference to this authorization before I revoked it.
- Once information is released to a third party according to this authorization, Courage Center cannot prevent its disclosure to someone else.
- This authorization does not limit the ability of Courage Center to use or disclose the client's health information as otherwise permitted by state or federal law.

Signature of client or client's representative

Date

Print name of client's representative

Relationship

Email address (optional and confidential) _____

You are entitled to a copy of this authorization form.