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AUTHORIZATION FOR DISCLOSURE OF CONFIDENTIAL INFORMATION

I, _____ DOB: _____ SSN: _____
(Client Name)

Hereby authorize Integrity Counseling, Inc./ _____
and the individual or Agency named below:

To exchange with one another the following information:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Assessment/Evaluation | <input type="checkbox"/> History and Physical | <input type="checkbox"/> Medication Administration Records | <input type="checkbox"/> Treatment Plan |
| <input type="checkbox"/> Progress Notes | <input type="checkbox"/> Lab Results | <input type="checkbox"/> Drug Test Results | <input type="checkbox"/> Discharge Summary & Continuing Care Plan |
| <input type="checkbox"/> Other: _____ | | | |

I consent to information being shared through electronic means, including email and/or fax (client initial) _____

I consent to disclosure of HIV/AIDS information (client initial) _____

Information may be disclosed verbally and in writing for the following purpose(s):

(purpose of disclosure)

I understand that my records are protected under the Federal and State regulations governing the confidentiality and privacy of medical records and protected alcohol and drug abuse health information under 42 C.F.R., Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") 45 C.F.R., Parts 160 and 164 and cannot be disclosed without my written authorization unless otherwise provided by the regulations. I also understand that I may revoke this authorization in writing at any time except to the extent that action has already been taken in reliance on it, and that in any event this authorization expires automatically after one year, unless otherwise stated below:

Date, event, or condition of expiration: _____

I also hereby release Integrity Counseling, Inc. from liability which may arise as a result of information disclosed under an authorization, if such information disclosed is later used to my detriment by the individual or agency named above.

Client Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____