

**CHEROKEE COUNSELING & PSYCHOLOGICAL ASSOCIATES, L.L.P.**

8910 Main Street, Woodstock, Georgia 30188

(770) 924-1818 FAX (770) 928-5731

**RELEASE OF INFORMATION**

This form, when completed and signed by you, authorizes me to release or receive protected information from your clinical record to/from the person you designate.

**NAME OF PATIENT:** \_\_\_\_\_

I authorize (name of therapist) \_\_\_\_\_ to release and/or receive the following documents:

Notification of Initial Contact	_____
General Treatment Information	_____
Periodic Progress and Evaluation Reports	_____
Attendance Reports	_____
Other: _____	_____

(please initial):

This information should only be received from or released to: \_\_\_\_\_

You have the right to revoke this authorization, in writing, at anytime by sending such written notification to Cherokee Counseling & Psychological Associates, L.L.P. However, your revocation will not be effective to the extent that I have taken action in reliance on the authorization or if this authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

I understand that my receiving service is not generally contingent upon my signing an authorization unless the services are provided to me for the purpose of creating health information for a third party.

I hereby release Cherokee Counseling & Psychological Associates, L.L.P. from any and all liabilities, responsibilities, damages and claims which might arise from the release of the information authorized above. I acknowledge that this consent is valid for sixty (60) days or until \_\_\_\_\_.

I understand that information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient of your information and no longer protected by the HIPAA privacy Rule.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient's Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTICE TO RECEIVING AGENCY OR INDIVIDUAL**

This information has been disclosed to you from records whose confidentiality is protected by federal law (42 CFR Part 2/37 CFR 1401) and in compliance with Section 408 of Public Law 92-255 (21 USC 1175). You are prohibited from making any further disclosure without specific written consent of the person to whom it pertains or as otherwise permitted by such regulations.