



AUTHORIZATION FOR RELEASE OF RECORDS OR INFORMATION

I, _____ hereby give permission to
(Print name of patient/client) (Date of Birth)

(Name of agency, attorney, school counselor, therapist, etc.), Address, City, State, Zip Code

___ Disclose information to: AND/OR ___ Obtain information from:

(Name of therapist) at:

The Counseling & Cooperative Parenting Center of Ohio, LLC (CCPC-Ohio) Phone: (513) 229-8980

8559 S. Mason-Montgomery Road, Deerfield Office Condos # 25, Mason, OH 45040 Fax: (513) 229-8935
(Address, city, state and zip code)

INFORMATION TO BE DISCLOSED/OBTAINED:

___ MY ENTIRE MENTAL HEALTH RECORD
AND/OR
___ Only the following information: [PATIENT/CLIENT MUST INITIAL EACH ITEM TO BE RELEASED/OBTAINED]

- ___ Substance Abuse Evaluation
- ___ Treatment Recommendations
- ___ Expected Length of Treatment
- ___ Attendance Records Only
- ___ Other (specify)
- ___ Diagnosis/Assessment
- ___ Treatment Plan
- ___ Name of New Treatment Provider
- ___ Progress Report on My Treatment

FORM IN WHICH INFORMATION SHOULD BE RELEASED:

___ verbal ___ photocopied ___ written ___ other

THE PURPOSE FOR SUCH DISCLOSURE IS:

(specify): _____ (“at the request of the individual”
is all that is required if you are the patient whose records are to be released and you do not desire to state a specific purpose)

I may revoke this consent at any time except to the extent that action has been taken in reliance upon it. If I do not revoke it, this consent will expire one (1) year after I have terminated treatment with this provider. I also understand that generally treatment, payment, enrollment, or eligibility for benefits may not be conditioned on receipt of an authorization. However, if the purpose for seeing CCPC-Ohio, is to generate a report to a court and/or other third party(ies), then failure to sign the authorization releasing the information to the court and/or third party(ies) may result in CCPC-Ohio, refusing to see you.

Signature of client

Signature of parent, guardian, conservator or authorized representative (when required)

Date

Witness

NOTICE TO RECIPIENT OF INFORMATION This information has been disclosed to you from records the confidentiality of which may be protected by federal and/or state law. However, once the information is released by CCPC-Ohio, it may be redisclosed by the recipient of the information and no longer protected.