The Counseling and Cooperative Parenting Center of Ohio, LLC
CCPC·OHIO
8559 S. Mason Montgomery Rd, Mason, OH 45040
P: 513-229-8980 F: 513-229-8935 ccpc-ohio.com

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:

_____at:
(Name of therapist)

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 ___ Diagnosis/Assessment

___ Treatment Recommendations ___ Treatment Plan

___ Expected Length of Treatment ___ Name of New Treatment Provider

___ Attendance Records Only ___ Progress Report on My Treatment

___ Other (specify)

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.