1435 Oglethorpe Ave.
Athens, GA 30606
PH: 706-549-7755
FAX: 706-549-0428
www.fcsathens.com

Name:_____
DOB:_____
SS#:_____
Phone#:_____

Release of Information

Standard Authorization of Use and Disclosure of Protected Health Information

1. ☐ **I Authorize Family Counseling Service of Athens to** ☐**RELEASE** ☐**RECEIVE** specified information to/from the Second Party as directed below:
2. **Second party**:
   Name:_____ with _____
   Address:_____
   _____
   Phone:_____ Fax:_____
3. **Information to be used or disclosed**:
   ☐ Verification of Attendance/participation ☐ Medical Records ☐ School Records
   ☐ Initial Evaluation/Diagnosis ☐ Treatment Summary ☐ Progress Notes
   ☐ Treatment Progress ☐ Psychological Testing ☐ Legal Records
   ☐ Other_____
4. **Purpose of Disclosure:**
   ☐ Consultation (verbal) ☐ Continuation of Care ☐ Evaluation ☐ Insurance
   ☐ Patient Personal Use ☐ Parent/Partner Consultation ☐ Other_____
   Any Exclusions:_____

AUTHORIZATION: This authorization is effective through ____/_____/_____ unless revoked or terminated by the client or the client's personal representative.

RIGHT TO TERMINATE or REVOKE AUTHORIZATION: You may revoke or terminate this authorization by submitting a written revocation to Family Counseling Service of Athens Inc. You should contact the compliance officer, Grace Edmonds, to terminate this authorization.

By signing below, I acknowledge that I have read and understood this document, that I have voluntarily given my authorization to FCS to disclose my records, and that I may revoke authorization at any time. I understand that information that is disclosed under this authorization may be disclosed again by the person or organization to which it is sent. The privacy of this information may not be protected under the federal privacy regulations.

Client Signature_____ Date_____/_____/_____
Signature of Client Representative_____ Date_____/_____/_____
Relationship to Client_____

***I give permission to use my fax'd or photo copied signature as an original regarding this request.**
☐ **YES** ☐ **NO**