Family Counseling Service, Inc.
1435 Oglethorpe Avenue
Athens, GA 30606
P: (706) 549-7755
F: (706) 549-0428
www.fcsathens.com

Name: _____
DOB: _____
SSN: _____
Phone #: _____

RELEASE OF INFORMATION

Standard Authorization of Use and Disclosure of Protected Health Information

1. ☐ **I authorize Family Counseling Service, Inc. 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.

_____ _____
Signature of client *Date*

_____ _____
Signature of client representative *Date*

_____
Relationship to client

I give permission to use my faxed or photocopied signature as an original regarding this request.

☐ Yes ☐ No