LifeSteps Counseling, PLLC
15 1st Ave SE, Ste 2 Long Prairie, MN 56347
P: 320-732-3344 F: 320-732-3352

Authorization for Release of Confidential Information

CLIENT INFORMATION		
Name		DOB:
Address		Phone
City	State	Zip

HEALTH INFORMATION RELEASE

☐ I authorize LifeSteps Counseling to **Receive** information **From**
☐ I authorize LifeSteps Counseling to **Release** information **To**

Name	Facility Name:	
Address		
City	State	Zip
Fax	Phone	

PURPOSE OF DISCLOSURE

☐ Coordination of Care ☐ Client Request ☐ Legal ☐ Other:_____

Records between Dates of _____

HEALTH INFORMATION TO BE RELEASED

☐ Diagnostic/Psychiatric Assessment	☐ Conditions of Probation	☐ Discharge Summary
☐ Assessment Summary/IEP	☐ Academic Information	☐ Rule 25 Assessment
☐ Other_____	☐ Psychological Testing	☐ Progress Note

AUTHORIZATION

This authorization will expire no more than 12 months from the date I sign this form unless otherwise specifically permitted by law.

I understand that

- I may revoke this authorization at any time by notifying, in writing, LifeSteps Counseling PLLC
- Revoking this authorization does not apply to information that has already been disclosed under this authorization.
- If the disclosed information goes to a health care provider or a health plan covered by federal privacy laws, it will be protected by federal privacy laws. Information that goes to other persons/entities may not be protected by state or federal privacy laws and may be redisclosed by the other persons/entities.
- LifeSteps Counseling PLLC cannot prevent the re-disclosure of protected health information releases as a result of this request and therefore, LifeSteps Counseling is released from any and all liability resulting from re-disclosure.
- I have the right to inspect or obtain a copy of the health information disclosed.
- I understand by authorizing use or disclosure of information obtained from this release, that conditions cannot at any time be placed upon my healthcare for payment or otherwise.

Client/Guardian Print Relationship to Client

Client/Guardian Signature Date