

LifeSteps Counseling, PLLC

15 1st Ave S, 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 | | |
|---|-------|----------------|
| <input type="checkbox"/> I authorize LifeSteps Counseling to Receive information From | | |
| <input type="checkbox"/> I authorize LifeSteps Counseling to Release information To | | |
| Name | | Facility Name: |
| Address | | |
| City | State | Zip |
| Fax | Phone | |

| PURPOSE OF DISCLOSURE | |
|---|--|
| <input type="checkbox"/> Coordination of Care | <input type="checkbox"/> Client Request <input type="checkbox"/> Legal <input type="checkbox"/> Other: _____ |
| Records between Dates of _____ | |

| HEALTH INFORMATION TO BE RELEASED | | |
|--|--|---|
| <input type="checkbox"/> Diagnostic/Psychiatric Assessment | <input type="checkbox"/> Conditions of Probation | <input type="checkbox"/> Discharge Summary |
| <input type="checkbox"/> Assessment Summary/IEP | <input type="checkbox"/> Academic Information | <input type="checkbox"/> Rule 25 Assessment |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Psychological Testing | <input type="checkbox"/> 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