AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

I, _____ _____
full name of **adult client or parent of minor child** (please print) (date of birth)

AUTHORIZE Ebenezer Counseling Services to exchange protected health information concerning professional services received by myself or my minor child or legal charge

_____ _____ with
full name of **minor child or legal charge** (please print) (date of birth)

_____
full name of **professional and/or agency you wish Ebenezer to share information** (please print)

_____
Contact information for above (i.e., phone #; fax #; email, please print)

for the purpose of: _____
If you are a current patient, "at patient request" is sufficient. (please print)

Information to be disclosed shall be limited to the following (please put initials to indicate what you wish shared):

_____ Complete record except private psychotherapy notes
_____ Progress Notes Only
_____ Psychological Testing Summary Only
_____ Treatment Summary Only
_____ Verbal Consultation Only
_____ Other (please specify) _____

You may revoke this consent to release protected health information at any time by written request. Unless you revoke it, this authorization shall remain in effect for one year or until such time as specified herein: _____.
Your right to revoke authorization does not apply to if the authorization was obtained as a condition of obtaining insurance and the insurer has a legal right to contest the claim.

I understand that information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient of my protected health information and no longer protected by the HIPAA Privacy Rule. I understand all of the aforementioned, and with informed consent and of my own free will, authorize this disclosure of protected health information.

_____ _____
Signature of Patient of Parent of Minor or Legal Charge Date

If legal charge, provide description of such representative authority: _____

Ebenezer Counseling Services
325 Ebenezer Road 131 N. Concord St.
Knoxville, TN 37923 Knoxville, TN 37919
Phone: (865) 670-0988
Fax: (865) 670-1991