Grow Yourself Great Counseling and Consulting, PLLC

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Charlotte, North Carolina 28269

Consumer's Name:	**Date of Birth:**	**Record #:**
Legal Guardian:	**Insurance:**	**Policy #:**

MEDICAL RELEASE OF INFORMATION

Authorization for Use and Disclosure of Protected Health Information

I, _____ (Consumer / Guardian), authorize GYG Counseling and Consulting, PLLC to disclose private health information to:

Practice Name: _____ **Physician Name:** _____

Address: _____ **Phone:** _____

(Agency or Person to whom the requested use or disclosure will be made effective on the date of my signature.)

Reason for information to be released: *continuity of care* _____

I consent to the release of information or records created by or disclosed to GYG, PLLC pertaining to:

_____ Person Centered Plans / Treatment plans
_____ Crisis Plan
_____ Service Notes / Reports/ Updates
_____ School Records
_____ Psychological Reports
_____ Immunization/Medical Reports
_____ Other (Please be sp_____

_____ Assessments
_____ Admission/Intake Information
_____ Discharge Information
_____ Guardianship Paperwork
_____ Written & verbal communications pertinent to Treatr

Please initial the lines below

_____ I understand that the information disclosed may have been created by GYG, PLLC or released to GYG Counseling & Consulting PLLC by other agencies (i.e. re-release)

_____ I understand this is a full release and that information disclosed regarding my treatment may include (if applicable) information pertaining to psychiatric or psychological treatment, drug abuse and/or alcohol abuse, or Acquired Immunodeficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV) in compliance with 42 CFR Part 2 and will be confidential and disclosed only for the purposes and under the circumstances expressly authorized under subsection (b) of this section..

_____ I understand that I may refuse to sign this authorization form. If I choose not to sign this form, I understand that GYG Counseling & Consulting PLLC cannot deny or refuse to provide services.

_____ I understand that, with certain exceptions, I have the right to revoke this authorization at any time. If I revoke this authorization, I must do so in writing.

If not revoked earlier, this authorization expires on: _____ (date) **not to exceed one year of signature**.

Consumer's Signature: _____ **Date:** _____

Legal Guardian's Signature: _____ **Date:** _____

GYG Staff's Signature: _____ **Date:** _____