CORNERSTONE
COUNSELING & EDUCATION
Hope For Individuals, Couples, & Families

Release of Information Authorization Form

This form, when completed and signed by you, authorizes Cornerstone Counseling & Education to release and/or request protected health information from your clinical record to the person you designate.

Client/Patient Name_____Date of Birth_____
Address_____
_____City_____State_____Zip_____
Phone#_____
Name of individual requesting information_____

I authorize Cornerstone Counseling & Education to release (Please initial this section where appropriate):

_____Psychotherapy Notes
_____Psychological Exam &/or Testing Results
_____Thank you for referral Letter/Call
_____Other(Please be Specific and detailed about your request below:

_____Telephone Contact/Consultaion
_____Treatment Summary
_____Medical Records

Initial all that apply:
This info should only be _____exchanged with, _____Released to, &/or_____obtained from:
Name of person, party, or agency_____
Address, City, State & Zip_____
Telephone_____Fax#_____Email_____

This authorization shall remain in effect until_____or one year from the date signed.

You have the right to revoke this authorization, in writing, at any time by sending such a written notification to Cornerstone Counseling & Education. However, your revocation will not be effective to the extent that Cornerstone Counseling & Education has taken reliance on the authorization or if this authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

I understand that Cornerstone Counseling & Education personnel generally may not condition counseling services upon my signing an authorization unless the psychological services are provided to me for the purpose of creating health information for a third party. I understand that any release made prior to my revocation, in compliance with this authorization, shall not constitute a breach of my rights to confidentiality.

Signature of Self, Parent, or Gardian _____
Relationship to Client_____
Print Name _____ Date Signed_____