

# Permission to Obtain and Disclose Privileged and Confidential Information and Records

*Revised 01.09.15*

This document requests your written permission to grant to Ark Counseling, LLC approval to discuss and/or release your legally protected and confidential personal physical/mental health and legal information. This information is both private and confidential. The oral communication and written material Ark will receive and transmit is important to assess accurately, to treat, and to coordinate your physical and mental health care.

I authorize Ark Counseling, LLC to both receive and to share (both orally and in writing) written and/or electronic copies of my personal and confidential physical/mental health and legal information. I understand that this information is protected under federal and state privacy regulations and that once Ark Counseling obtains my information it is prohibited, by federal and state law, from further disclosing it without my written consent— unless otherwise provided for in federal and state regulations or this release.

I understand that I may revoke my approval at any time after I grant it, but my revocation cannot take-back any information that has already been released by Ark or according to my written approval to re-disclose it. My approval for Ark Counseling, LLC to obtain, re-release, or share my confidential physical/mental health and legal information will expire in one year from the date below.

Therapists at Ark Counseling, LLC generally do not keep what is referred to as “**Psychotherapy Notes**” which are legally defined as a therapist’s private thoughts and opinions and are intended for the therapist’s exclusive personal use. By law the information and physical papers that constitute “Psychotherapy Notes” are the personal property of a therapist and exempt from disclosure— including to the person who is the subject of the “Notes”. In the event “Psychotherapy Notes” are ever created, Ark Counseling, LLC prohibits a therapist from **EVER** disclosing or releasing them.

Information and records that may be accessed and obtained:

<input type="checkbox"/> <u>No</u>	<input type="checkbox"/> <u>Yes</u>	Collection of Collateral Data	<input type="checkbox"/> <u>No</u>	<input type="checkbox"/> <u>Yes</u>	Emergency Contact
<input type="checkbox"/>	<input type="checkbox"/>	Social and Legal History	<input type="checkbox"/>	<input type="checkbox"/>	Chemical Use History
<input type="checkbox"/>	<input type="checkbox"/>	Physical and Mental Health History	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol/Drug Tests
<input type="checkbox"/>	<input type="checkbox"/>	Medication Validation/Checks			
<input type="checkbox"/>	<input type="checkbox"/>	Presence in Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Change in Status
<input type="checkbox"/>	<input type="checkbox"/>	Progress Reports	<input type="checkbox"/>	<input type="checkbox"/>	Transfer/Discharge Report
<input type="checkbox"/>	<input type="checkbox"/>	Aftercare Plans	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify) _____

Ark Counseling may have oral and written two-way communication with the person or entity identified below:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Client Name: \_\_\_\_\_ Client’s Date of Birth: \_\_\_\_\_  
Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Team Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DISCLOSURE OF THIS MATERIAL IS PROHIBITED BY FEDERAL LAW: This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse/dependency patient/client.