

Revocation of Permission to Release Confidential Information

Revised 04.27.15

This document cancels or revokes your written permission to permit or allow Ark Counseling, LLC to release your personal physical/mental health and legal information that is private and confidential. By signing this document, Ark Counseling will no longer be permitted to communicate, either orally or in writing, to the person and/or agency that you specify.

I understand that my chemical health records and experience in treatment is protected under federal law (Alcohol and Drug Abuse Patient Records 42 CFR Part 2). This federal law governs the confidentiality and control of my chemical health information and records, and prohibits its disclosure and/or release, unless otherwise provided for in the regulations, **to anyone** without my express written consent. I understand this means I have **total** legal control over who receives information related to my chemical health records— and these legal rights cannot be infringed upon.

I am canceling and revoking my permission to allow Ark Counseling, LLC to disclose information related to my physical/mental health or legal records to the person or entity I identify below. I understand my decision will legally prohibit Ark from disclosing **any** information about my presence and/or experience in treatment— and will prevent Ark from either confirming or denying whether or not I am or ever have been in treatment. I also understand that my decision will legally prohibit Ark Counseling from either confirming or validating information that has already been released.

Should I change my mind about my decision, I understand it will be necessary for me to complete and execute an entirely new Authorization to Release Confidential Information form.

I hold Ark Counseling, LLC harmless for any unintended consequences that may occur from my decision.

I hereby prohibit Ark Counseling from disclosing any information about me to:

Name: _____ Relationship: _____

Address: _____

City, State, Zip: _____

Client Name: _____ Chart Number: _____ DOB: _____

Client Signature: _____ Date: _____

Team Member Signature: _____ Date: _____