



# Permission to Disclose Privileged and Confidential Information and Records

Revised 03.18.22

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

I authorize Ark Counseling, LLC to share 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.

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 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” were created, the Notes are the personal property of the therapist who authored them and are in their possession. Ark Counseling, LLC does not have a copy.

Information and records that may be released are:

<u>No</u>	<u>Yes</u>		<u>No</u>	<u>Yes</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Comprehensive Assessment	<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 release the above noted records to the person or entity identified below:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email : \_\_\_\_\_

Client Name: \_\_\_\_\_

Client’s Date of Birth: \_\_\_\_\_

Client 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.