

# Hope and Healing Child and Family Counseling

1108 W South Jordan Parkway #B South Jordan, Utah 84095  
385-215-9084

## Consent to Release Protected Health Information

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize Hope and Healing Child and Family Counseling to release and receive information to/from the agencies/providers listed below for the purposes of coordination of treatment and consultation.

Information to be released/received includes:

\_\_\_\_ Psychological/Psychiatric Assessments

\_\_\_\_ Discharge Summaries

\_\_\_\_ Medical Records/labs

\_\_\_\_ Other \_\_\_\_\_

Agencies/Individual Providers

Phone

Fax

Pediatrician \_\_\_\_\_

School \_\_\_\_\_

Therapist \_\_\_\_\_

Previous Providers \_\_\_\_\_

\_\_\_\_\_

This authorization for release of protected health information is specifically limited to the information specified above and is made in accordance with the Health Insurance Portability and Accountability Act (HIPPA). State and federal laws prevent disclosure of your protected health information without your consent. This release shall remain in effect until 90 days after discharge from treatment.

\_\_\_\_\_

Client signature/Parent Signature

Date