



## CONSENT TO RELEASE AND/OR OBTAIN PROTECTED HEALTH INFORMATION (PHI)

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

DOB: \_\_\_\_\_

I understand that as part of my therapy and/or coaching services, Lotus Counseling & Wellness Center originates, records, and maintains health information and opinions about me describing my health history, symptoms, examination and test results, diagnosis, treatment/services and plans for future care ("Protected Health Information" or "PHI").

I understand that my medical information ("PHI") about my condition, treatment and/or services, which includes mental health and/or substance abuse/use content, cannot be disclosed beyond myself without written consent per Federal and State regulations including, but not limited to: Health Insurance Portability and Accountability Act of 1996 (HIPAA), Code of Federal Regulations (CFR) Title 42 Part 2-Confidentiality of Alcohol and Drug Abuse Patient Records and Title 45 Parts 160, 162 and 164-Security and Privacy, unless otherwise provided and only to such extent found in the referenced regulations. With that understanding and for the purposes of guiding, planning and providing treatment and/or services, I hereby give Lotus Counseling and Wellness Center consent to:

\_\_\_\_ Release / Disclose Information to:

\_\_\_\_ Obtain Information from:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Type of Release:     Verbal             Written             Electronic

PHI to be obtained/released - Check all that apply:	
<input type="checkbox"/> Entire Record	<input type="checkbox"/> Progress Notes
<input type="checkbox"/> New Client Assessment	<input type="checkbox"/> Summary of Treatment/Services Provided
<input type="checkbox"/> Treatment/Service Plan and Reviews	<input type="checkbox"/> Forms / Administration Records
<input type="checkbox"/> Other: _____	

**For the purpose of (check all that apply):**     Emergencies     Compliance with court order/subpoena     Coordination of Care  
 Evaluation and/or Treatment     Other: \_\_\_\_\_

I am aware that I can limit my consent to specific parties or specific information or specific uses. I also understand that Lotus Counseling & Wellness Center has the right to refuse to provide me with treatment/services if it disagrees with any limitations I, or my legal guardian, place on the uses or disclosures of my PHI. With that understanding, any **limitations to my consent as follows:**

\_\_\_\_\_

Further, I understand that I may revoke my consent **in writing** at any time to the extent that Lotus Counseling & Wellness Center has not already taken action in reliance thereon. When and if revoking my consent, I agree to send the writing to the attention of the "Privacy Officer." Finally, I agree that I have been given a copy of Lotus Counseling & Wellness Center's Privacy Notice and that I have had an opportunity to review and understand such notice before providing my consent to the terms of this agreement. A copy of this release is as valid as the original.

This consent is granted for:    \_\_\_\_\_ A single (one-time) disclosure, expires within 90 days of the date of signing.

\_\_\_\_\_ Continuing disclosure for the purpose detailed above, expiring upon termination of treatment/services.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Guardian Signature-if applicable

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

*\*If signing for a minor client, I hereby state that my parental rights and/or guardianship has not been revoked by a Court of law.*