

Deerfield Township Family Counseling Center, LLC

7567 Central Parke Blvd, Suite E, Mason, OH 45040

Phone: (513) 770-3231

Fax: (513) 770-5541

deerfieldtwpfamilycounseling.com

RELEASE OF INFORMATION

I, _____, authorize Deerfield Twp. Family Counseling
(Patient)
Center, LLC to obtain and/or provide the following information _____

to _____ for the purpose of _____

_____ I understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent shall expire 90 days from the date of my signature, unless another date is specified.

Specification of the date, event, or condition upon which consent expires: _____

Patient Social Security Number: _____ Date of Birth: _____

Please check appropriate type(s): ___ release information to ___ obtain information from:

Name

Address

Phone Secure Fax

Patient signature Date Witness/staff signature Date

Records requests require 7 business days to process. Records will only be released with legal proof of identification.