



Client Name: \_\_\_\_\_ Record No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ MID/NCHC#: \_\_\_\_\_

**Authorization to Obtain and/or Release Information**

**I authorize New Directions Counseling Services, PLLC to obtain, release or disclose the above named individual's health information as described below. The following individual(s) or organization(s) are authorized to obtain/release the disclosure.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following information may be used, released, disclosed and/or exchanged:

**Please initial each type of information to be released**

- Outpatient or inpatient psychiatric, medical or counseling treatment including diagnoses, admission info, treatment plans, progress notes or treatment summaries, hospitalization information, psychological testing, school records, lab, x-ray, scan results
- Entire record
- All pertinent information relating to alcohol and/or drug use
- Communication as needed between above individual(s)/organization(s) and NDCS staff
- All information relating to HIV/AIDS and/or other communicable diseases
- Additional Legal information (not included in the above)
- Other (please describe): \_\_\_\_\_

I understand this information will be used for: treatment use, coordination of services, billing, medical, legal, and assessment purposes.

I understand that I have the right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present my written revocation to the NDCS address. However, my revocation will not effect information obtained or exchanged prior to the fact. I understand that once the above information is disclosed, it may be redisclosed by the recipient and the information may no longer be protected by federal privacy laws or regulations.

This authorization will expire: \_\_\_\_\_  
(not to exceed one year from date of signature)

X \_\_\_\_\_  
**Signature of Client or Legal Representative**

\_\_\_\_\_  
**Date**

X \_\_\_\_\_  
New Directions Witness

\_\_\_\_\_  
Date