



WHOLESENSE COUNSELING & CONSULTATION, PLLC

info@wholesensecounselingpllc.com | Concord, NC 28027 | (828) 705-3330

Authorization for Disclosure of Healthcare Information

Last Name	First Name, Middle Initial	Date of Birth
Street Address	City, State, Zip Code	Phone Number

I authorize the release of client health information between:

Wholesense Counseling &
Consultation, PLLC
Grace Smith, LCSW, LISW-CP
info@wholesensepllc.com
Concord, NC 28027
(828) 705-3330

AND

Organization/Agency/Individual

Street Address

City, State, Zip Code

Phone Number

Fax Number

I consent to the release of ☐ all of my client records **OR** the following information only:

- ☐ Assessment/Evaluation
- ☐ Diagnostics
- ☐ Individual/Family Information
- ☐ Treatment Planning
- ☐ Other: _____

- ☐ Attendance/Appointments
- ☐ Session Notes
- ☐ Progress in Treatment
- ☐ Education
- ☐ Other: _____

for the purpose of assessment, treatment planning, referral service, and/or coordination of services and care.

Special Authorizations

I give my permission to disclose the following information contained within my client or otherwise confidential records:

- ☐ Mental Health Records _____ (Initial)
- ☐ Chemical Dependency/Substance Abuse Records (42 CFR, Part 2)

This authorization is effective until the following date or event: _____

I understand that this authorization is voluntary, and I may revoke it at any time within written notification, except to the extent at which action has already been taken.

Client's Name: _____

Signature: _____ Date: ____ / ____ / 20 ____

- ☐ Self
- ☐ Biological/Adoptive Parent/Caregiver
- ☐ Legal Representative
- ☐ Other: _____

If the client is under the age of 13, this consent must be signed by the client's parent/caregiver or legal representative.

Witness: _____

Signature: _____ Date: ____ / ____ / 20 ____

Notice Prohibiting Re-Disclosure

If this information has been disclosed to you from the records protected by Federal confidentiality rules 42 CFR, Part 2. The Federal rules prohibit you from making 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. The Federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug client.