

Limitless Counseling Services (LCS) LLC
2670 N. Columbus Street Suite G Lancaster, Ohio 43130
Phone: (740) 901-1231/~~(740) 218-2698~~ Fax: (740) 901-3021

AUTHORIZATION TO DISCLOSE INFORMATION

Name of Client: _____ **Date of Birth:** _____

The following programs are authorized to: ___disclose ___receive or ___exchange information as noted below.

Program Authorized to Make Disclosure

Authorized Individual/Organization to Whom Disclosure is Made

Purpose of Disclosure: ___ to coordinate treatment ___ to gather assessment information for treatment planning ___ to gather information for ongoing treatment ___ other purposes [specify]

Type of Information to be Disclosed: ___ progress notes ___ diagnostic assessment information
___ progress in treatment ___ lab results ___ urine testing ___ attendance ___ HIV/AIDS testing or status
___ pregnancy testing ___ prenatal care ___ diagnosis ___ information on mental illness and/or treatment
___ other information [specify]

Amount of Information to be Disclosed: ___ information covering the previous three months
___ information covering the most recent admission ___ other amount of information [specify]

Signature and Date of Client or Other Person Authorized to Permit Disclosure

Signature and Date of Staff or Witness

Revocation: This authorization is subject to written revocation at any time except to the extent the program or person who is to make the disclosure has already acted in reliance on it.

I hereby revoke consent _____
Client's Signature and Date

Signature and Date of Staff or Witness

This authorization expires [specify event, date and/or condition] _____

Prohibition Against Re-Disclosure: This information has been disclosed to you from records protected by federal confidentiality rules. The federal rules prohibit you from making any 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 C.F.R., Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client. Drug abuse patient records are also protected under the Health Insurance Portability and Accountability Act of 1996 [HIPAA], 45 C.F.R., parts 160 and 164. [These conditions apply to every page disclosed and a copy of this authorization will accompany every disclosure.]