

# CARMEL COUNSELING CENTER

1145 Pineville-Matthews Rd., Matthews, NC 28105

Phone 704.849.0686 Fax 704.815.1972

## Client Consent for Release of Information

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand the contents to be released and the need for that information.

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

**Signature of Client or Legal Guardian** (if client is under 18):

\_\_\_\_\_

Date: \_\_\_\_\_

**I hereby authorize:**

\_\_\_\_\_ at Carmel Counseling Center  
(counselor's name) 1145 Pineville-Matthews Road  
Matthews, NC 28105 (704) 849.0686

**To release and exchange specified information in my client record to:**

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

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

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Description of the specific information to be used or disclosed:**

- Verbal or written summary of psychotherapy sessions
- Psychological testing
- Assessment
- Treatment plans with diagnosis
- Recommendations
- Progress Reports
- Other \_\_\_\_\_

This authorization shall remain in effect until \_\_\_\_\_ (expiration date)