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BALDWIN COUNSELING, P.L.L.C.
Standard Authorization to

RECEIVE

INFORMATION FROM ANOTHER PERSON OR AGENCY

I, Child's Name _____[**Insert Name of Client/Parent**], whose Date of Birth is DOB_____,

authorize Baldwin Counseling and/or Suzanne Baldwin to receive information about myself int. here *or* my child

Child's Name DOB _____ from:
[Insert Name of Child and Date of Birth of Child]

(Insert Name of Person or Agency and Contact Information on line above). Only one name can be placed on each form.

Initial each item that can be received

(Parent/Client should initial each item to be received)

_____ Assessment
_____ Diagnosis
_____ Psychosocial Evaluation
_____ Psychological Evaluation
_____ Psychiatric Evaluation
_____ Treatment Plan or Summary
_____ Current Treatment Update
_____ Medication Management Information
_____ Presence/Participation in Treatment
_____Nursing/Medical Information

_____ Educational Information
_____ Discharge/Transfer Summary
_____ Continuing Care Plan
_____ Progress in Treatment
_____ Demographic Information
_____Psychotherapy Notes*
_____Parental Capacity Evaluation
_____Other Description _____
_____Other Description _____

Purpose

The purpose of this disclosure of information is to improve assessment and treatment planning, share information relevant to treatment and when appropriate, coordinate treatment services.

Please Note: Information cannot be obtained from an agency or person unless this consent is signed. A client's spouse or significant other will not be allowed to provide information about appointments, and cannot schedule or cancel appointments or provide any other information unless this release is signed. *Only one person may be listed on each form.* Complete a new form for each person you are authorizing to provide information to Baldwin Counseling

Revocation

I understand that I have a right to revoke this authorization, in writing, at any time by sending written notification to Suzanne M. Baldwin at 1492 South Independence Blvd, Suite 104, Virginia Beach, VA 23462. I further understand that a revocation of the authorization is not effective to the extent that action has been taken in reliance on the authorization.

Expiration

Unless revoked sooner, this authorization expires one year from the date of signature.

Conditions

I further understand that Baldwin Counseling will not condition my treatment on whether I give authorization for the requested release. However, it has been explained to me that failure to sign this authorization may have the following consequences: (1) the inability to provide comprehensive clinical services; (2) the inability to collaborate with other providers and/or legal entities; (3) the inability to inform the spouse or significant other about appointments and other clinical information. Co-parenting requires the full set of releases for both parties to be able to obtain information from the other's chart (in entirety).

Form of Disclosure

Unless you have specifically requested in writing that the disclosure be made in a certain format, we reserve the right to disclose information as permitted by this authorization in any manner that we deem to be appropriate and consistent with applicable law, including, but not limited to, verbally, in paper format or electronically.

Redisclosure

I understand that there is the potential that the protected health information that is disclosed pursuant to this authorization may be redisclosed by the recipient and the protected health information will no longer be protected by the HIPAA privacy regulations, unless state law applies that is more strict than HIPAA and provides additional privacy protections.

I will be given a copy of this authorization for my records, if requested.

Date

_____

Signature of Patient/Client Date

Date

_____

Signature of Parent, Guardian or Personal Representative Date

If you are signing as a personal representative of an individual, please describe your authority to act for this individual (power of attorney, healthcare surrogate, etc.).

☐ Check here if patient/client refuses to sign authorization