THE COMMUNITY COUNSELING CENTER OF MOORESTOWN VNA

Records Release Authorization (Forward Information)
Request of the Patient

Client Name: _____ DOB: _____

Telephone Number: _____ Cell Phone Number: _____

I. I _____ hereby authorize:

The Community Counseling Center of Moorestown VNA
300 Harper Drive, Moorestown, NJ 08057 Phone: 856-380-1070 Fax: 856-552-1315

II. ☐ **To release the following information:**

☐ Comprehensive Eval	☐ Medical History	☐ Drug/Alcohol History	☐ Psychological Tests
☐ Treatment Plans	☐ Diagnosis	☐ Admission Records	☐ Service History
☐ Medication History	☐ Social Work Assessment	☐ Attendance Record	☐ Psychiatric Evaluation
☐ Summary of Treatment/ Progress	☐ HIV/AIDS Laboratory Tests	☐ Attendance and Cooperation	☐ Psychiatric History
☐ Prescription Record			Other_____

☐ **This information is being released to:**

Person's Name: _____

Telephone #: _____ **Fax #:**_____

Organization: _____

Street Name: _____

City, State, Zip: _____

III. The purpose for this released information is: [**X**] **At the request of the patient**

☐ Other: _____

The authorization for this release expires sixty (60) days after discharge.

I understand that I have the right to revoke this Authorization at any time. I may not revoke it to the extent that action has been taken in reliance thereon. In order to revoke this Authorization, I understand that I must revoke it in writing to The Community Counseling Center of Moorestown VNA.

I understand that The Community Counseling Center of Moorestown VNA may not require that I sign this Authorization in order to obtain treatment.

I understand that information disclosed under this Authorization could potentially be re-disclosed by the person receiving the information and may no longer be subject to privacy protections provided to me by law.

I have read this authorization and have had a chance to ask questions about the use and disclosure of my medical information. By signing below, I voluntarily authorize The Community Counseling Center of Moorestown VNA to release my information in the manner described above.

_____ _____
Signature of Client, client's parent and/or guardian Date

_____ _____
Witness Date