FAMILY GUIDANCE CENTER OF WARREN COUNTY

Washington: (908) 689-1000
Phillipsburg: (908) 454-4470
Hackettstown: (908) 852-0333
Partial Care Gateway: (908) 689-6212

Emergency: (908) 454-5141

492 Route 57 West
Washington, NJ 07882

Authorization for Release of Information
(Mental Health Programs)

I, _____ Date of Birth _____ give my permission to:

_____

(Name and address of agency receiving information)

I understand that verbal or written information will be disclosed only for the purpose noted above and that the information released will be limited to the following items:

☐	Psychiatric Evaluation	☐	Treatment Progress
☐	Intake Records	☐	Discharge Summary
☐	Medication Records	☐	Prognosis/Diagnosis
☐	Psychological Data	☐	Substance Abuse Assessment
☐	Psychological Assessment	☐	Substance Abuse Treatment
☐	Psychotherapy Notes	☐	Education/CST Evaluation
☐	Legal Status Report	☐	Other

This authorization shall remain in effect until (expiration date) _____. You have the right to revoke this authorization, in writing, at any time by sending a letter indicating your wishes or by completing a Request to Revoke Authorization for Release of Information form and submitting it to the Privacy Officer. However, your revocation will not be effective to the extent that we have taken action in reliance on this authorization. If you do this, it will prevent any releases after the date it is received but cannot change the fact that some information may have been sent or shared before that date.

- I understand that, generally, Family Guidance Center may not condition my treatment on whether I sign an authorization form.
- I understand that I may inspect and have a copy of the health information described in this authorization.
- I understand that if the person or entity that receives the information is not a health care provider or health plan covered by federal privacy regulations, the information disclosed pursuant to this authorization may be subject to redisclosure by the recipient and no longer protected by the HIPAA Privacy Rule.
- I have been offered a copy of this release and do ☐ /do not ☐ want a copy.

_____ _____

Signature of Client or his/her personal representative **Date**

_____ _____

Printed Name and relationship to client **Witness Signature**