RELEASE OF INFORMATION

Patient Name: ____

DOB: ____________________

This form, when completed and signed by you, authorizes the release of protected information from your clinical record to Harmony Within Mental Health, PLLC or from another provider to Harmony Within Mental Health, PLLC

I authorize the exchange of information between the following:

Information to be released from/to:

____

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Information to be released to/from:

Harmony Within Mental Health, PLLC
430 Magnolia Square Court
Aberdeen, NC 28374
910-637-0052
910-637-0210 (Fax)

Purpose of Release of Information:

____Continuity of Care

____Legal Representation

____Insurance

____Request of the Individual

____Other (Please specify): ____

This authorization is only for the limited purpose of obtaining from or releasing information to, and discussing my case with these individuals or companies for the specific purposes of evaluation and treatment. It shall not be considered a blanket waiver of all privileged and confidential information. I understand that information may be shared in writing, via email, in electronic form and/or in meetings or by telephone. This release will automatically expire 12 months from the date of signature.

I understand that I can withdraw this consent at any time by submitting a written revocation to Harmony Within Mental Health, PLLC. The revocation will not apply to information that has already been released.

I understand that information that is disclosed under this authorization may be disclosed again by the person or organization to which it is sent. The privacy of this information may then no longer be protected under the HIPAA Privacy Rule.

____ ____________________

Patient signature

Date

____ ____________________

Patient Parent/Guardian signature Relationship to patient Date

Witness ________________________________

Rescind Consent: I hereby rescind the prior consent granted to Harmony Within Mental Health, PLLC, to release and/or discuss any information with the individuals(s)/agencies listed above.

Signature: ____________________________________ Date: ______________________