



AUTHORIZATION FOR RELEASE OF INFORMATION

NOTICE TO CLIENTS:

Eastern Slope Counseling & Consulting, LLC (ESCC) may not condition treatment, payment, enrollment, or eligibility for benefits or treatment on whether the client signs this, or any other, authorization to release information.

I, _____ DOB: _____ hereby authorize _____
Name of Client Name of Person or Organization

To release the information described below to _____
Name of Person and/or Organization Receiving Information

This Authorization may be revoked at any time by myself and will automatically expire (1) year from today

_____, 20_____.
Month/Date Year

Specific type of information to be disclosed is _____

For the purpose of _____

I understand that this health information may include HIV-related information and/or information relating to diagnosis or treatment of psychiatric disabilities and/or substance abuse and that by signing this form I am specifically authorizing the release of information relating to:

- Substance Abuse (including alcohol/drug abuse)
- Mental Health
- Psychotherapy Notes
- HIV-related Information (including AIDS-related testing)

The confidentiality of this information is required under U.S. Federal and State of New Mexico statutes. This material shall not be transmitted to anyone without written consent or authorization as provided in these statutes. I understand that I can revoke this Authorization at any time by communicating my desire to do so in writing.

Signature of Client

Date

Signature of Client's Guardian or Legal Representative, as necessary

Date

Client Guardian or Legal Representative Relationship to Client:

NOTICE TO RECIPIENT: This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal Regulations (42CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of person to whom it pertains, or as otherwise permitted by such regulations, a general authorization for the release of medical or other information is **NOT** sufficient for this purpose.

ESCC, LLC

Privacy Officer - Richard L. Patnaude, MA, LPCC
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