



HELEN WILSON COUNSELING, LLC
673 E AIRPORT AVENUE, BATON ROUGE, LA 70806
225.283.4094

AUTHORIZATION FOR THE USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Patients name DOB SS#

Address

I specifically give my consent for Helen Wilson Counseling, LLC to: Release Obtain

The following information:

- IEP(Individualized Education Program) Initial evaluation from pupil appraisal
Discipline records Absences
Current & previous grades ISSP records
Diagnosis Psychological treatment
Psychotropic medication & treatment Psychiatric diagnosis
Psychiatric evaluation Discharge summary
Behavior problems All medical records except HIV results
Medical problems pertaining to family problems Medications prescribed
Other

To/From: Name

Address

The above listed information is to be released for the specific reasons:

This consent is subject to written revocation at any time to the extent that action has already been taken in reliance upon this consent will automatically expire upon completion of this transaction and no later than (12) months from the date signed unless otherwise stated herein.

It is further understood that the information released is for professional purposes only and may not be provided in whole or part to any agency, organization, or person other than stated above.

I understand the treatment services are not contingent on my signing or not signing this consent form. I freely and voluntarily give my consent for the release of information from my medical records. I also understand and consent that this information may be via facsimile transmission.

To the party receiving this information: this information has been disclosed to you from the records whose confidentiality may be protected by federal law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosures of it without the specific written consent of the 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. For the patient records applicable under federal law 42 CFR part 2.

Witness

Patient/Parent (if minor)

Witness

Date