Burnsville Counseling and Healing Center
17305 Cedar Avenue Suite 230
Lakeville, MN 55044.
Phone: 952-435-4144
Fax: 952-435-4149

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

Please Print:

_____ _____
Client Name Date of Birth

_____ _____
Street Address Therapist Name

_____
City State Zip

I hereby authorize Burnsville Counseling and Healing Center to: ☐ to obtain from ☐ to release to

_____
Name of Person, Clinic, Facility or company

_____
Street Address

_____
City State Zip

_____
Phone Fax

_____
To the attention of:

My authorization extends only to those elements or documents INITIALED below.

_____ All records maintained while I was a client of the above named facility.

_____ My social/psychological/psychiatric evaluation.

_____ Summary of treatment.

_____ I want to limit or specify records to be released to the dates from _____ to _____.

_____ Other _____

_____ Statement of charges and payments.

_____ Record of all visits.

_____ Consultation reports.

This authorization is given freely with the understanding that:

1. Any and all records, whether written or oral or electronic format, are conditioned and cannot be disclosed without my prior written authorization except as otherwise provided by law.
2. A photocopy or fax of this authorization is a s valid as the original.
3. I may revoke this authorization at any time, except where information has already been released. This authorization is valid for a one year period form the date it is signed, or sooner if noted below. The revocation form is available from the receptionist.
4. Burnsville Counseling and Healing Center, its employees, officers and therapists are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.
5. Treatment, payment, enrollment or eligibility benefits my not be conditioned upon obtaining the authorization.
6. Information used or disclosed pursuant to this authorization may be subject to redisclosure and is no longer protected.

Client Signature _____ Date _____

Guardian Signature (if applicable) _____

Witness _____ Expiration Date (if under 1 year) _____