



Journey Counseling Services, LLC

811 Columbus St

Rapid City, SD 57701-3540

Phone: 605-988-8131

Fax: 605-988-8141

www.journeycounselingservices.com

CONSENT TO RELEASE OR OBTAIN INFORMATION

This is a consent for release of information about: _____
(Client Name)

Birth Date: _____

I authorize Michael E. Wheaton, MA, LMFT of Journey Counseling Services, LLC to release to or obtain information from: _____
(Name of persons or organizations)

Address: _____

Phone: _____ Fax: _____

For the purpose of: _____

- I understand that unless noted this release shall be reciprocal, allowing both Journey Counseling Services, LLC and the person or entity noted above to receive and exchange information.
- I understand that the information I authorize a person or entity to receive may be re-disclosed and no longer protected by federal privacy regulations if the person or entity is not a health care provider or health insurer.
- I understand that my written notice to Journey Counseling Services, LLC will revoke this consent at any time.
- I understand that information regarding my care may be shared internally to assure effective services.
- I understand that unless otherwise noted this release can be transmitted electronically.

THE INFORMATION WILL BE USED/DISCLOSED FOR THE FOLLOWING PURPOSES:

- | | |
|--|---|
| <input type="checkbox"/> Acknowledgement of Referral | <input type="checkbox"/> Social/Historical Past/Current |
| <input type="checkbox"/> Past/Current Assessment | <input type="checkbox"/> Recommendations/Plans |
| <input type="checkbox"/> Diagnostic Information | <input type="checkbox"/> Medical/Medication |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Community Support |
| <input type="checkbox"/> Legal Orders/Filings | <input type="checkbox"/> Discharge Summaries |
| <input type="checkbox"/> Progress | |

Other (specify): _____

This authorization expires on: _____

Client Name (print): _____

(Signature) (Date)

Parent/Guardian/Representative: (If client is unable to give legal consent.)

(Printed Name) (Relationship)

(Signature) (Date)