



# Copeland Ave. Counseling

24 Copeland Avenue      Homer, New York 13077      P607.749.5711      F607.753.3165  
220 S Warren St Suite 1002      Syracuse, New York 13202      P315.476.3333      F607.753.3165

## AUTHORIZATION TO RELEASE/REQUEST CLIENT RECORDS & INFORMATION

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

I hereby authorize COPELAND AVE. COUNSELING/COPELAND COUNSELING and its affiliates to

**RELEASE** and/or  **OBTAIN** the information I have checked below to/from:

Business/Physician/School/Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

- Appointments & Attendance
- Medical/Health Records
- Mental Health Tests/Assessments
- Progress Notes
- Intake/Discharge Information
- Evaluation
- Alcohol/Substance Abuse Information
- HIV Related Information
- \_\_\_\_\_

### PURPOSE OF DISCLOSURE:

- Continuing Care
- Physician/Facility Request
- School
- Legal
- Collateral

- **I understand that I may revoke this authorization at any time by notifying this organization in writing, and it will be effective on the date notified to the extent action has already been taken in reliance upon it.**
- **I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by Federal Privacy Regulations.**
- **I understand that in compliance with the New York State stature, I will pay \$.75 per page sent. There is no charge for client records if the copies are sent to facilities for ongoing care or for follow-up treatment.**
- **I understand that this release will be for up to one year of the date below, unless written consent is given to this organization.**

Signature of Client; or ↓ \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent/Guardian if under 18 \_\_\_\_\_

Printed Name & Relationship \_\_\_\_\_

Date \_\_\_\_\_

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

I witnessed that the person understood the nature of this request/authorization and freely gave his/her consent:

Initials of Office Staff: \_\_\_\_\_

Date: \_\_\_\_\_

PIMSY Upload: \_\_\_\_\_

Release Sent To: \_\_\_\_\_

Date: \_\_\_\_\_