P.O. Box 720
Stone Mountain, GA 30086
Phone: 404.913.0557
Fax: 404.393.7401

AUTHORIZATION TO RELEASE INFORMATION

Client Name: _____ **Date of Birth**: _____ **Last 4 of SSN**: _____

AUTHORIZATION FOR INFORMATION TO BE RELEASED BY:

☒ N'Spired By Achievement Family Services & Solutions, LLC

☐ _____

(Name of individual or organization)

INFORMATION TO BE RELEASED TO:

☐ N'Spired By Achievement Family Services & Solutions, LLC; Attn: _____

☒ _____

(Name of individual or organization)

Address: _____ **Telephone:** _____

_____ **Fax:** _____

☐ **AUTHORIZE MUTUAL EXCHANGE OF INFORMATION**

INFORMATION TO BE RELEASED:

☒ Complete medical/treatment record ☐ Immunization record ☐ Physical exam/history
☒ Psychotherapy/treatment summary ☐ Consultation reports ☐ Psychiatric Diagnosis
☒ Laboratory test reports ☐ Visit verification ☐ Treatment Recommendations
☒ Other Information or Instructions (please specify): _____

_____

_____

Records pertaining to HIV tests/counseling require separate authorization for release.

PERIOD(S) OF CARE:

From (date):_____To (date):_____Unless otherwise revoked this authorization will expire nine (9) months from the date of this request or on the following date: _____

I, the undersigned, have read the above and authorize the staff of the disclosing facility named to disclose such information as contained in this authorization. I understand that this release pertains only to treatment provided by the authorized party(ies), and does not include release of information received from other treatment providers. I understand that authorizing the disclosure of my health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to ensure treatment. I understand that any disclosure of information carries with it the potential for an unauthorized redisclosure. I understand this authorization may be revoked in writing at any time except to the extent that action has been taken in reliance on this authorization.

Signature:_____ **Date**:_____

Witness: _____

This information has been disclosed from confidential records. State law prohibits any further disclosure of this information without the specific, written consent of the person to whom it pertains or as otherwise permitted by law.