



AUTHORIZATION TO RELEASE INFORMATION

I understand that my therapist at North Star Counseling (NSC) has an obligation to keep my personal health information, identifying information, and my records confidential. I also understand that I can choose to allow North Star Counseling to release some of my personal information to certain individuals or agencies.

I, _____, authorize North Star Counseling to share the following specific information with:

Who I want to have my information:	Name _____ Phone _____
	Name _____ Phone _____

The information may be shared: in person by phone by fax by mail by e-mail
 I understand that electronic mail (e-mail) is not confidential and can be intercepted and read by other people.

What info about me will be shared:	<i>List as specifically as possible any names, dates of service, documents, etc.:</i> <input type="checkbox"/> consultation only <input type="checkbox"/> chart information, no notes <input type="checkbox"/> all chart info including notes <input type="checkbox"/> Other: _____
Why I want my info shared: (purpose)	<i>List as specifically as possible, for example: to receive benefits.</i> <input type="checkbox"/> billing to insurance or other <input type="checkbox"/> consultation re: case <input type="checkbox"/> legal necessity

I understand that:

- I do not have to sign a release form. I do not have to allow North Star Counseling to share my information. Signing a release form is completely voluntary. That this release is limited to what I write above. If I would like North Star Counseling to release information about me in the future, I will need to sign another written, time-limited release.
- Releasing information about me could give another agency or person information about my location and would confirm that I have been receiving services from North Star Counseling.
- North Star Counseling and I may not be able to control what happens to my information once it has been released to the above person or agency, and that the agency or person getting my information may be required by law or practice to share it with others.

This release expires on _____ *Expiration date is one year from signature unless otherwise noted.*
Date

I understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time either orally or in writing.

Signed: _____ **Date:** _____ **Witness:** _____

Reaffirmation and Extension (if additional time is necessary to meet the purpose of this release)

I confirm that this release is still valid, and I would like to extend the release until _____
New Date

Signed: _____ **Date:** _____ **Witness:** _____