essexcounselingcenter
LLC

Authorization for Disclosure of Protected Health Information (PHI)

I, _____
Print Name Date of Birth

hereby authorize Essex Counseling Center, LLC, therapist _____ to: (check all that apply)

Request/Obtain ☐ and/or Release/Disclose ☐

my information (PHI) as described below to:

Person/Organization Authorized: _____

Address _____ Phone Number (___) ___-____

I authorize the following information to be released:

☐ Admissions/Treatment/Discharge Summary	☐ Substance Use
☐ Social History	☐ Alcohol Use
☐ Psychiatric Evaluations	☐ Treatment Plans
☐ Medications	☐ Program Dates: Start - End
☐ Demographics	☐ Diagnosis
☐ Presence/Participation in Treatment	☐ Other _____

The purpose of this Authorization is to improve assessment and treatment planning, share information relevant to treatment and when appropriate, coordinate treatment services. If other purpose, please specify: _____

I understand that I have the right to revoke this authorization, in writing, at any time by sending written notification to Essex Counseling Center, LLC at 830 Morris Turnpike, Suite 405, Shorthills, NJ 07078. I further understand that a revocation of the authorization is not effective to the extent that action has been taken in reliance on the authorization.

The expiration date for this Authorization is one year from date of signature, unless sooner revoked.

Unless you have specifically requested in writing that the disclosure be made in a certain format, we reserve the right to disclose information as permitted by this authorization in any manner that we deem to be appropriate and consistent with applicable law, including, but not limited to, verbally, in paper format or electronically. Information disclosed to Essex Counseling Center, LLC, as a result of this Authorization is not re-disclosed to third parties. However, information disclosed by Essex Counseling Center, LLC may be subject to re-disclosure by the recipient and may no longer be protected by Essex Counseling Center, LLC's policies on disclosure or federal regulations on disclosure.

Signature of Client _____ Date _____
16 years or older

Signature of Parent/Guardian _____ Date _____

Signature of Legal Representative _____ Date _____
relationship to client