

INTEGRITY COUNSELING & COACHING
1501 S. Belcher Road, Suite B-4
Largo, FL 33771

**GENERAL CONSENT FOR INTEGRITY COUNSELING & COACHING
TO RELEASE CONFIDENTIAL INFORMATION**

I, _____ SS# (or DOB): _____

HEREBY AUTHORIZE: **Integrity Counseling & Coaching, Inc. its therapists and its representatives.**

TO RELEASE TO THE FOLLOWING SPECIFIED PERSON(S) OR AGENCIES:
Name, Address, Phone, & Fax #'s (if applicable): _____

THE FOLLOWING INFORMATION: Presence and progress in therapy/ evaluation results. Written report of evaluation including recommendations, treatment plan, and urinalysis drug screen results. Records substantiating treatment including compliance with treatment recommendations. Subsequent drug tests and abstinence status. Discharge information such as discharge summary including prognosis and after treatment plan.

FOR THE PURPOSE OF: Cooperation with

I UNDERSTAND THAT THIS CONSENT TO OBTAIN CONFIDENTIAL INFORMATION IS SUBJECT TO REVOCATION BY ME, EXCEPT TO THAT ACTION WHICH HAS BEEN TAKEN IN RELIANCE THEREON AND UNLESS OTHERWISE STATED, THIS CONSENT SHALL HAVE A DURATION NO LONGER THAN THAT NECESSARY TO EFFECTUATE THE PURPOSE FOR WHICH IT IS GIVEN. **Usually one year.**

CLIENT SIGNATURE: _____ DATE: _____

GUARDIAN SIGNATURE: _____ DATE: _____

WITNESSESED BY: _____ DATE: _____

CONFIDENTIALITY NOTICE

“THIS INFORMATION HAS BEEN DISCLOSED TO YOU FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY FEDERAL REGULATIONS (42 CFR PART 2) AND PROHIBITS YOU FROM MAKING ANY FURTHER DISCLOSURE OF IT WITHOUT SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS. A GENERAL AUTHORIZATION FOR THE RELEASE OF MEDICAL OR OTHER INFORMATION IS NOT SUFFICIENT FOR THIS PURPOSE.”

Reports will be sent either by US mail or electronically via FAX or E-mail.