East Cascade Counseling Services LLC

731 NW Franklin Ave. Suite 107
Bend, OR 97701
541-306-1128 Phone
541-647-1162 Fax

Authorization to Release Information and/or Obtain Information

To our clients: We can help you better if we are able to work with other people or agencies that know you and your family. By signing this form, you are giving permission for these organizations/individuals to share information about your situation.

Client Name: _____ DOB: _____ SS#: _____

I authorize the following individual or agency: _____
to provide information to and obtain information with East Cascade Counseling Services.

I give my permission to share the following information (yes answers must be initialed to be valid):

☐ Yes ☐ No	Mental Health Records	☐ Yes ☐ No	Medical Records
☐ Yes ☐ No	Alcohol/Drug Treatment Records	☐ Yes ☐ No	Family Information/History
☐ Yes ☐ No	Insurance/Billing Information	☐ Yes ☐ No	Educational Reports

☐ Yes Other as listed: _____
_____

Alcohol/Drug, mental Health and Medical Records include all aspects of diagnosis, treatment and prognosis. Educational records include both behavioral and progress reports.

I agree that agencies and/or individuals listed above may share and exchange information about my family and circumstances. The information received will be used to evaluate my situation and to plan for and coordinate services for me and my family, or for other purposes as specified: _____

I understand this permission is good for one year or until (indicate date desired): _____

I can cancel permission to use and disclose my information at any time. I understand that the cancellation will not affect any information that has already been shared. I understand that information about my case is confidential and protected by state and federal law. I understand what this agreement means and approve of the release of this information.

_____ _____
Signature of Client Date

_____ _____
Signature of Parent or Guardian if client is a minor Date

_____ _____
Witness Date

To those receiving information under this authorization: This information disclosed to you is protected by state and federal law. You are not authorized to release it to any agency or person not listed on this form without specific written consent of the person to whom it pertains unless authorized by other laws.