



North Albany Wellness Center
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Release of Information
AUTHORIZATION TO USE AND DISCLOSE INFORMATION

Client Name _____ Birth Date _____

I authorize **North Albany Wellness Center** or its agents (please INITIAL):

_____ TO RELEASE INFORMATION TO _____ TO RECEIVE INFORMATION FROM

_____ Agency/Program _____ Phone/email/fax

Method: I understand that this contact may take place in person, writing, or by phone, email, fax or other means.

The Purpose: To provide the above party information relevant to the assessment and treatment of the client. The signing of this form grants authorization for two-way communication:

The extent of information to be released includes (please INITIAL on each desired line):

Any past and present records, reports, and information regarding:

- Diagnosis, Treatment plan, Progress Notes
- Attendance of sessions
- Progress or need for continued services
- Financial records
- Neuro/Psychological Testing Report
- Other: _____

The Purpose or need for the disclosure of information is for:

- Diagnosis, assessment, treatment planning
- Coordination of services
- Determination of appropriateness for services

Confidentiality: The information will be kept confidential according to statutes, rules, and standards of practice for evaluators, including those for LPC practitioners (ORS 675, ORS 40.262 Rule 507, OAR 833), child abuse reporting (ORS 419 B), elder abuse (ORS 124), and custody considerations (ORS 107.137). Other rules and laws may apply depending upon the type of record. Information gained will not be re-released without authorization or order.

Length of Authorization: This authorization for release of information will remain in effect until the client has withdrawn from evaluation services, or the evaluator has ended or terminated the case. The client may revoke this consent at any time except to the extent that action has been taken in reliance on it, but such revocation may result in the ending of the evaluation process. If the client wishes to cancel this authorization they must do so in writing.

This authorization and release has been explained to me, I understand and I voluntarily agree.

Signature of Client: _____ Date: _____

Signature of Therapist: _____ Date: _____