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Consent to Receive and Release Information

This consent applies to: _____ DOB: _____
Client Name Client's Date of Birth

I, _____ (client or parent/legal guardian), hereby give my informed consent for Lisa Frazier, LPC, LMFT and Safe Harbor Counseling Center, LLC to communicate with and release written, verbal, and electronic documentation regarding my or my child's treatment (client name listed above) to the following individuals or providers:

Name of Person, Provider, and/or Organization; Address, Phone and Fax numbers if applicable

Information I authorize to be discussed or released:

My Entire Record My Entire Clinical Record (not billing or financial information)
 Only the Following: _____

Consent to Receive and Release Information is valid as of the date of signature below and for a period of 12 months, unless otherwise indicated.

I understand that my records are protected under the Federal HIPPA Laws and under the general laws of my state and cannot be re-disclosed without written consent, except as specifically stated by law.

I understand that according to the Code of Virginia, Safe Harbor Counseling Center, LLC is allowed up to 15 business days to process my request for copies of my medical record. I understand that there will be a charge of \$20 for processing of documented requests, plus 25 cents per page for supplies, and that all charges must be paid in full before my records are released.

I understand that under Federal law the above named individual may release information from my record without my consent under the following circumstances:

1. Suspected child or elderly abuse
2. Indication that an individual is a danger to self or others
3. Subpoena/ court ordered records

I understand that I may revoke my authorization to release information at any time in writing and such revocation will be effective on the date of receipt of my revocation. In the event action already has been taken prior to said receipt of revocation, such prior actions are covered by the pre-existing release.

 Signature of Client or Parent/Legal Guardian if under the age of 18

 Date of Signature

 Signature of Witness

 Date of Signature