Heckert Counseling & Consultation, PLLC

114 W. Magnolia St., Suite 425 | Bellingham, WA 98225 | (360) 392-2829

Authorization for Disclosure of Healthcare Information

Last Name	First Name, Middle Initial	Date of Birth

Street Address	City, State, Zip Code	Phone Number

I authorize the release of patient health information between:

Heckert Counseling &
Consultation, PLLC
Christopher Heckert, LICSW
114 W. Magnolia St. Suite 425
Bellingham, WA 98225
(360) 392-2829

AND

_____
Organization/Agency/Individual

_____
Street Address

_____
City, State, Zip Code

_____ _____
Phone Number Fax Number

I consent to the release of ☐ all my client records **OR** the following information only:

- ☐ Assessment/Evaluation
- ☐ Diagnostics
- ☐ Individual/Family Information
- ☐ Treatment Planning
- ☐ Other: _____
- ☐ Attendance/Appointments
- ☐ Session Notes
- ☐ Progress in Treatment
- ☐ Education
- ☐ Other: _____

for the purpose of assessment, treatment planning, referral service, and/or coordination of services and care.

Special Authorizations

I give my permission to disclose the following information contained within my client or otherwise confidential records:

- ☐ Mental Health/Psychiatric Records _____ (Initial)
- ☐ Chemical Dependency/Substance Abuse Records (42 CFR, Part 2) _____ (Initial)
- ☐ HIV/AIDS or STD test results, diagnosis, and treatment records _____ (Initial)

This authorization is effective until the following date or event: _____

I understand that this authorization is voluntary, and I may revoke this authorization at any time with written notification, except to the extent at which action has already been taken.

Client's Name: _____
Signature: _____ Date: ___/___/20____
☐ Self ☐ Biological/Adoptive Parent ☐ Legal Representative ☐ Other: _____
If the client is under the age of 13, this consent must be signed by the client's parent or legal guardian/representative.

Witness: _____
Signature: _____ Date: ___/___/20____

Notice Prohibiting Re-disclosure

If this information has been disclosed to you from the records protected by Federal confidentiality rules 42 CFR, Part 2. The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR, Part 2. The Federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug patient.