

Consent To Release or Obtain Information

Name of Client/Evaluee: _____ Date of Birth: _____

INFORMATION TO BE RELEASED TO OBTAIN FROM DISCUSSED WITH:

Name: _____ Telephone #: _____

Address: _____ Fax #: _____

City: _____ State: _____ Zip: _____

TYPES OF INFORMATION TO BE RELEASED: I permit (insert agency or CRC name), to release, obtain, and/or discuss the following information to the person or entity identified above. I understand that (insert agency or CRC name), may need my written consent to release, obtain, and/or discuss information about testing, diagnosis, and/or treatment for alcohol and/or chemical dependency, reproductive health, sexually transmitted diseases including HIV/AIDS, genetic information or psychiatric/psychological/mental health information. Based on the boxes I have checked below, (insert agency or CRC name) may release, obtain, and/or discuss all diagnostic, procedural, claim, or other related information and records.

- General Health Care (Claims, Billing, Eligibility information not related to the sensitive categories listed below)
- Alcohol and Chemical Dependency
- Reproductive Health
- Sexually Transmitted Diseases
- Genetic Information
- Psychiatric/psychological/behavioral health/mental health
- Psychotherapy notes ONLY (by checking this box, I am waiving any psychotherapist-patient privilege)

TIME FRAME OF RELEASE: Unless I revoke this consent, it will remain in effect for 12 months from the date of my signature. I may change my mind and revoke this consent at any time. To do so, I will inform (insert agency or CRC name) in writing.

This consent form may be transmitted by facsimile, electronic mail, or regular mail.

Printed Name of Client/Evaluee

Date

Signature of Client/Evaluee

Printed Name of Legal Guardian (if applicable)

Date

Signature of Legal Guardian (if applicable)

Commission on Rehabilitation Counselor Certification. (2016). *Consent To Release or Obtain Information*. Retrieved from, [https://www.crc certification.com/filebin/pdf/Consent To Release_or_Obtain_Information.doc](https://www.crc certification.com/filebin/pdf/Consent_To_Release_or_Obtain_Information.doc)

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