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Release of Information Authorization Form

Client's Name _____ Date of Birth _____

Parent/Guardian's Name if client is a minor _____

The above named person is authorizing the administrative staff and _____ (provider) from Fresh Start for the Mind to obtain/release verbally or in writing the following information:

- _____ Pertinent treatment information
- _____ Copy of treatment records
- _____ Payment/Billing information
- _____ Other (be as specific and detailed as possible, including any limitations) _____
- _____ Scheduling appointments
- _____ Treatment attendance/compliance
- _____ Diagnosis and/or prognosis

The disclosure of information is required for the following purpose(s):

- _____ Coordination of care
- _____ Referral to/from
- _____ Other _____

This information should only be obtained from/released to the following:

Name _____ Agency _____
 Address _____
 Phone _____ Fax _____
 Email Address _____

Fresh Start for the Mind is required by law to keep your health information confidential. If you have authorized the disclosure of your health information to someone who is not legally required to keep it confidential, it may no longer be protected by state or federal confidentiality laws. In consideration of this consent, I hereby release the above parties from any legal liability resulting from the release of this information (no longer protected by the HIPAA Privacy Rule).

_____ Initial

I may revoke this Authorization at any time, provided that I do so in writing and submit it to Fresh Start for the Mind. However, my Authorization will not be effective to the extent that Fresh Start for the Mind has taken action in reliance on my Authorization, or if this Authorization was obtained as a condition of obtaining insurance and the insurer has a legal right to contest a claim.

_____ Initial

Unless otherwise revoked, this Authorization expires _____ (insert applicable date or event). If no date is indicated, this Authorization will expire 12 months after the date of signing this form.

Signature of Client (Parent/Guardian/Legal Representative)

Date

Printed Name