

Rutell Counseling Services, L.L.C.
 Authorization for Exchange of Protected Health Information (PHI)

Client Name: _____ DOB: _____
 Client Address: _____ Phone: _____

I Authorize	To Disclose or Exchange Information To
Rutell Counseling Services, L.L.C.	
759 N. Milwaukee St., Suite 600 Milwaukee, WI 53202	
Phone: (414) 793-4396 Fax: (414) 727-4420	Phone: _____ Fax: _____

The purpose of this request is for:

The type and amount of information to be used or disclosed is for the following dates.
 From: _____

Information to be disclosed is the following:
 Psychotherapy notes Treatment Plan Recommendations
 Diagnosis and Prognosis Verbal exchange of information
 Other: _____
 Miscellaneous Reports _____

I understand that I have a right to rescind this authorization at any time. I understand that if I rescind this authorization I must do so in writing and present it to Rutell Counseling Services, L.L.C. I understand that the revocation will not apply to information that has already been released in response to this authorization. Unless otherwise revoked, this authorization will expire on the following stated date: _____
 If a date is not identified this authorization will expire 12 months from date signed.

I understand that authorizing the disclosure of this health information is voluntary and I need not sign this form in order to assure treatment. I understand that I may inspect or receive a copy of the information to be disclosed. I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and information may not be protected by federal privacy standards. If I have any questions about disclosure of my health information I can contact Rutell Counseling Services, L.L.C. at (414) 793-4396.

Client Signature	Date
Parent/ Legal Guardian	Date
Agency Witness	Date

This information has been disclosed to you from 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 whom it pertains or as otherwise permitted by 42 CF part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. Provision of research-related treatment or treatment that is for the sole purpose of creating health information for disclosure to a third-party will not be provided without client's written authorization.

