

Intentional Counseling Grand Rapids LLC

781 Kenmoor Ave SE, Suite C. Grand Rapids, MI 49546

Also known as "Counseling at Health for Life Grand Rapids"

616-200-4433 . Office Manager, Paul Krauss Paulk@healthforlifegr.com

Authorization Form

This form, when completed and signed by you, authorizes staff of Intentional Counseling Grand Rapids LLC to release and/or request protected health information from your clinical record to the person you designate.

- Medical Record
- Thank you for Referral Letter/Call
- Intake Paperwork
- Treatment Summary
- Telephone and/or Email Contact/Consultation
- Diagnosis
- Psychotherapy Notes
- Discharge Summary

This Information Should Only Be Released To or From:

Name _____
 Address _____
 City/State/Zip _____

*This authorization shall remain in effect until _____
 or one year from the date signed or until: _____*

You have the right to revoke this authorization, in writing, at any time by sending such written notification to Intentional Counseling Grand Rapids LLC . However, your revocation will not be effective to the extent that INTENTIONAL COUNSELING GRAND RAPIDS LLC has taken action in reliance on the authorization or if this authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim. I understand that INTENTIONAL COUNSELING GRAND RAPIDS LLC as my psychotherapist generally may not condition psychological services upon my signing an authorization unless the psychological services are provided to me for the purpose of creating health information for a third party. I understand that information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient of your information and no longer protected by the HIPAA Privacy Rule.

Signature of Self, Parent, or Guardian Printed Name *Date Signed*

Signature of Self, Parent, or Guardian Printed Name *Date Signed*

If the authorization is signed by a personal representative of the patient, a description of such representative's authority to act for the patient must be provided: