Consent to Receive and Release Information

This consent applies to: ____ DOB: _________________________
Client name Client's Date of Birth

I hereby give my informed consent for ____ to
(Name of Genesis Provider)

talk with and/or release written documentation regarding my treatment to:

____
Name of Person/Organization Receiving Information

____
Address

___________________________________ ___________________________________
Phone Fax

Information authorized to be released (check one):

☐ Only: ____

☐ My Entire Record (as necessary)

Consent to Release is valid for six months from date below, unless otherwise indicated.

I understand that my records are protected under the Federal HIPPA Laws and under the general laws of my state and cannot be re-disclosed without written consent, except as specifically stated by law.

I understand that according to Virginia Code, Genesis Counseling Center has 30 days to process my request for my medical record. There will be a charge of $20, plus $0.50 per page, paid in full before records are released.

I understand that, under Federal law, the above named provider may release information from my record without my consent when:

1. There is indication of child abuse or abuse of disabled adults.
2. Given best clinical judgment, there is indication of danger to self or others (suicidal or homicidal).
3. Required to present records to comply with a court order.

I understand that I may revoke my authorization to release information at any time in writing and such revocation will be effective on the date of receipt of my revocation. In the event action already has been taken prior to said receipt of revocation, such prior actions are covered by the pre-existing release.

Estimated date of my last visit: ____________________

____ _____________________ ________/________/_______
Signature of Client or Guardian Phone Number Date

____ ________/________/_______
Signature of Witness Date

For office use only

Date of request: ______________ Fee: ______ pages @ 0.50 per page + $20 = $__________
Date of release: _______________ Method: FAX _____ Mail _____ Pick-up_____ Staff Initials: ________