PEACEFUL MINDS
A Wellness Center for Combat Veterans

516-395-7007 • info@peacefulmindsnyc.org • www.PeacefulMindsNYC.org • P.O. Box 232, Atlantic Beach, NY 11509

AUTHORIZATION FOR RELEASE OF INFORMATION

***I hereby authorize Peaceful Minds INC to (please check one*):**
☐ Obtain ☐ Release ☐ Exchange

The following* ☐ *written,* ☐ *verbal,* ☐ *electronic,* ☐ *video,* ☐ *audio information (check all that apply):
☐Treatment goals ☐Psychological evaluation ☐Information concerning AIDS/and progress and test results HIV Infection
☐ Educational information ☐ Medical treatment
☐ Social history ☐ Behavioral observation ☐ Alcohol/drug treatment
Progress Notes
☐ Other (specify)_____

***Information from the records of*:**
Client Name_____ To/From:_____

Address:_____Address:_____

City, State, Zip:_____City, State, Zip_____

Information from ___ /____/____ to _____/____/____

_____/_____/_____ _____/_____/_____ _____/_____/_____
Date of Birth Social Security Number Date
For the purpose of (check one): to assist in the evaluation and treatment of the client.
☐ 1 other (specify)_____

A signed revocation may be submitted at any time, but Peaceful Minds INC shall not be held liable for any information released prior to its receipt. This release form shall be valid for (check one)
☐ A single disclosure **OR** A continuing disclosure for **90 days** from signature date below.
☐ A continuing disclosure for **1 year** from signature date below

To Receiving Agency:
PROHIBITION OF REDISCLOSURE: This information has been disclosed to you from records whose confidentiality is protected. Any further disclosure is strictly prohibited unless the client provides specific written consent or the subsequent disclosure of this information. A general authorization for the release of medical or other information is not sufficient to waive confidentiality of these records.
I acknowledge that I have read this authorization and fully understand its contents.

_____ _____/_____/_____
Signature of Client Date

_____ _____/_____/_____
Signature of legal guardian (When applicable) Date
Relationship

_____ _____/_____/_____
Witness Date