

Kay Reimers Counseling, LLC

Business Address – 1902 120th PL SE Suite 102D Everett, WA 98208

Phone: 425-737-8093 Fax: 425-334-4199 E-Mail Kay@ReimersCounseling.com

Authorization for Disclosure of Protected Information

Client name: _____ Date of Birth: _____

Information to be released by:

Name, address and phone number

Information to be released to:

Reimers Counseling / Kay Reimers LICSW

425-737-8093 FAX: 425-406-6893

Purpose of disclosure and specific information to be disclosed:

This authorizes mutual exchange of information between the above entities.

Signature Client

Date

Signature Parent / Guardian of Minor

Date

I understand that my records may contain information regarding mental health diagnosis and treatment. I give my specific authorization for this information to be released and discussed between above entities. My records are protected under the Federal and State statutes and cannot be disclosed without my written consent unless otherwise provided for in the regulations. Disclosed information may potentially be re-disclosed by the receiving party: information related to mental health, drug/alcohol, HIV/STD's is specifically prohibited by law to be re-disclosed. I understand that I may revoke this authority at any time, except to the extent that action has already been taken. To revoke this authorization, it must be in writing and submitted to Forward Thinking Counseling Services. Unless cancelled earlier by me, this authorization will expire one year from the signature date. A copy or FAX shall be considered valid in lieu of the original. Any Minor child thirteen (13) years or older has all the rights provided by Chapter 388-865 WAC to clients receiving outpatient services. Therefore, these minor clients must sign authorizations for release of client information.