Growth Opportunity Center

Authorization for Release of Confidential Information to Outside Party or Parties

CLIENT'S FULL NAME:_____ **DATE OF BIRTH**: _____ **AGE**: _____

I HEREBY AUTHORIZE GROWTH OPPORTUNITY CENTER, 928 JAYMOR RD., B-150, SOUTHAMPTON PA
TO: **DISCLOSE TO / RECEIVE INFORMATION FROM:**

_____ _____
(Name of persons and/or entity) *(Relationship to client)*

_____
(Address and telephone number of the person or entity to whom information will be disclosed).

I UNDERSTAND THAT THIS INFORMATION DISCLOSURE/RELEASE WILL BE MADE FOR THE FOLLOWING PURPOSES:
☐ **Coordination of Treatment** ☐ **Other**_____

AND WILL BE LIMITED TO THE FOLLOWING SPECIFIC TYPES OF INFORMATION:
☐ **Any applicable mental health-related information, including medications**
(If above box not checked, check all that apply below):
☐ **Appointment scheduling** ☐ **Session attendance** ☐ **Assessment/testing reports**
☐ **Billing/payment records** ☐ **Other**_____

This authorization will expire on (*check one*):
☐ **Six months from date signed below**
☐ **Termination of treatment** ☐ **Other date or specific event:** _____

- IF I AM A PARENT OR LEGAL GUARDIAN SIGNING FOR MY CHILD UNDER THE AGE OF 18, I HEREBY AUTHORIZE THE RELEASE OF THE ABOVE INFORMATION TO/FROM MY CHILD'S RECORD.
- I UNDERSTAND THAT I HAVE THE RIGHT TO REFUSE TO SIGN THIS AUTHORIZATION.
- I UNDERSTAND THAT, AT ANY TIME, I HAVE THE RIGHT TO REVOKE THIS PERMISSION TO RELEASE INFORMATION. THE REVOCATION CANNOT APPLY TO RELEASES THAT MAY HAVE BEEN MADE PRIOR TO THE REQUEST TO REVOKE INFORMATION
- I UNDERSTAND THAT THIS INFORMATION IS CONFIDENTIAL AND IS PROTECTED WITHIN THE BOUNDS OF LAW/HIPPA FROM DISCLOSURE WITHOUT MY PERMISSION.
- I FURTHER UNDERSTAND THAT RELEASED INFORMATION MAY BE SUBJECT TO REDISCLOSURE BY OTHERS AND MAY THEN NO LONGER BE PROTECTED.

_____ _____
CLIENT SIGNATURE (AGE 14 AND OLDER) **DATE**

_____ _____
PARENT OR LEGAL GUARDIAN **DATE**
(FOR ALL CLIENTS UNDER 18; CO-SIGNATUREREQUIRED FOR CLIENTS 14-17)

_____ _____
WITNESS *(GOC provider or staff)* **DATE**

(*For provider or staff only):* _____ **Copy given to client** _____**Copy offered but declined**