

O'Leary Counselling, LLC

Release of Information

I hereby authorize the release and disclosure of the following clinical and/or therapeutic records for the following purpose(s):

- Authorization to release information regarding counseling and therapy care and treatment.
- Authorization to release information held under the Drug Office and Treatment Act of 1972 (PL- 92255) and the Comprehensive Alcohol Abuse and Alcoholism Prevention Treatment and Rehabilitation Act Amendments of 1974.
- Authorization to release information related to Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS)

Please release authorization information between O'Leary Counseling, LLC and:

First Name *

Last Name *

Email *

Additional Healthcare Provider (please list their name, address, and phone number):

Please release authorization information between O'Leary Counseling, LLC and:

Name *

Address *

Phone *

Specific information to be release (please initial appropriate information): *

Assessment and evaluations Psychosocial history Continued care and treatment Discharge summary Attendance/Correspondence Billing information

Correspondence (please specify): *

Phone Email Text

Purpose(s) for which information is to be released: *

Revocation/Expiration: This Release of Information is subject to revocation by the under-signed at any time except to the extent that information has already been disclosed based on authorization contained herein. Unless further limited by a date stated here (below) this Release of Information will automatically expire after a period of 180 days from the date signed. I have the right to receive a copy of this Release of Information upon my request.

Revocation/Expiration Date:

Client/Guardian Name: *

Date

Client/Guardian Signature

Therapist Signature

Date:

[I agree to the HIPAA Privacy Statement](#)

Please Complete and email to info@olearycounseling.com or print and bring with you to your first session.

For instructions on how to e-sign a PDF follow these links.

For a Mac: [Fill out and sign a PDF form in Preview on Mac - Apple Support](#)

For a PC: [eSign a PDF for Free | DocuSign](#)

If your session is in person we can print this document for you and you may fill it out by hand.