

Client Name			Client ID#	
Phone#			Date of Birth	
Email			PMI# or SS#	
Address			Legal Sex	
City/State/Zip			Gender	
Legal Guardian		Relationship	Phone#	

This release authorizes the exchange of information both to and from regarding the client listed above between:

Organization/Person	
Phone #	
Address	
City/State/Zip	
Email	
Fax #	

&

Organization/Person	Apollo Counseling Inc.
Address	PO Box 398161
City/State/Zip	Edina MN 55439-8161
Phone #	651-434-2166
Email	<a href="mailto:Sam@ApolloMentalHealth.com">Sam@ApolloMentalHealth.com</a>
Fax #	651-927-0233

For the purpose of:	Records to be shared:
<input type="checkbox"/> Treatment Planning & Care Coordination	<input type="checkbox"/> Dates and Costs of Service
<input type="checkbox"/> Client Request	<input type="checkbox"/> Assessments and Treatment Planning
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

By the following Means of Communication:
<input type="checkbox"/> Verbal – Email communication has inherent risks that are not present in verbal and written communication.
<input type="checkbox"/> Written / Email – Specifically, the sender and/or receiver cannot guarantee the privacy of any PHI that is sent by Email.
<input type="checkbox"/> Other:

By signing this release, I acknowledge that:

- I have a right to revoke this authorization at any time by sending written notification to Apollo Counseling Inc. I understand that a revocation of the authorization is not effective to the extent that action has been taken in reliance on the authorization.
- That Apollo cannot prevent the re-disclosure of records released as a result of this request and that the records may not be subject to privacy rule protections; therefore, Apollo is released from all liability resulting from re-disclosure by 3rd party sources. That if I choose Email as a means of communication Apollo has explained that Email is not a secure form of communication, and there is no guarantee that any PHI sent by Email is secure.
- I have read this form and/or have had it read to me and explained in a language that I can understand.
- This authorization expires one year from the date of the client/legal guardian's signature, unless an earlier expiration date is explicitly documented on this form here:

Alternate Expiration Date	NA		
Client/Legal Guardian	Signature	Date	
<input type="checkbox"/> Client/LG provided verbal authorization to the witness			
<input type="checkbox"/> Client/LG refused/unable to sign – Explain:			
Witness	Signature	Date	