Apollo Counseling Inc.

Release of Information

Version 03/23/2023

Name		Phone #		ID #	
Address		Legal Sex		Date of Birth	
City/State/Zip		Gender		SS# or PMI#	
Legal Guardian		Relationship		Phone #	
Emergency Contact		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 Counselling Inc.
Address	8435 Red Oak Dr
City/State/Zip	Mounds View MN
Phone #	651-431-1731
Email	Sam@ApolloMentalHealth.com
Fax #	651-927-0233

For the purpose of:	Records to be shared:
☐ Treatment Planning & Care Coordination	☐ Dates and Costs of Service
☐ Client Request	☐ Assessments and Treatment Planning
☐ Other:	☐ Other:

By the following Means of Communication:	
☐ Verbal ☐ Written / Email	Email communication has inherent risks that are not present in verbal and written communication. Specifically, the sender and/or receiver cannot guarantee the privacy of any PHI that is sent by Email.

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.
- 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:
- 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:

This authorization expires one year from the date of the client/legal guardian's signature, unless explicitly documented here:

Alternate Expiration Date	

Client/Legal Guardian		Signature		Date	
☐ Client/LG provided verbal authorization to the witness					
☐ Client/LG refused/unable to sign – Explain:					
Witness		Signature		Date	