

Client Name		Client ID# (optional)	
Phone#		Date of Birth	
Address		Legal Guardian	
City/State/Zip		LG Phone#	

This release authorizes the exchange of my health information:

<input type="checkbox"/> From <input type="checkbox"/> To		<input type="checkbox"/> From <input type="checkbox"/> To	
Organization/Person	Apollo Counseling Inc.	Organization/Person	
Address	PO Box 398161	Phone #	
City/State/Zip	Edina MN 55439-8161	Address	
Phone #	651-434-2166	City/State/Zip	
Email	Sam@ApolloMentalHealth.com	Email	

* Apollo does not release any information by Fax.

Health Information to be Released by the Methods Indicated:	Dates of Records to be Released:	
<input type="checkbox"/> I authorize my information to be released via by email*	Start Date:	End Date:
<input type="checkbox"/> I authorize my information to be released in writing		
<input type="checkbox"/> I authorize my information to be released verbally		

*By checking this box, I acknowledge that while Apollo uses a HIPAA secure email system, email may not be a secure method of communication, and that the sender/receiver of my health information cannot guarantee the privacy of any information.

For the Purpose of:	Records to Release:
<input type="checkbox"/> Treatment Planning & Care Coordination	<input type="checkbox"/> Diagnostic Assessments
<input type="checkbox"/> Payment/Insurance	<input type="checkbox"/> Functional Assessments
<input type="checkbox"/> Legal	<input type="checkbox"/> Individual Treatment Plans
<input type="checkbox"/> Client Request	<input type="checkbox"/> Dates and Costs of Service
<input type="checkbox"/> Other:	<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.
- 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.
- If I choose Email as a means of communication Apollo has explained that Email may not be a secure form of communication, and there is no guarantee that any information 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 continues until revoked in writing by the client/legal guardian
- If the client/legal guardian wishes an alternative expiration date, Indicate here: Alternative End Date

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	