Tennessee Community Counseling Services, Inc.
951 Eastgate Loop Suite 100
Chattanooga, TN 37411
(423) 296-6451 Fax (423) 296-6515

# CONSENT FOR THE RELEASE OF MENTAL HEALTH OR ALCOHOL AND/OR DRUG TREATMENT INFORMATION

I, X_____, authorize Tennessee Community Counseling Services, Inc. to release and/or receive the following specific information. I understand that specific information to be disclosed may include information regarding human services and/or treatment for mental health issues, and/or drug & alcohol abuse.

to disclose to _____
(Name of person or organization to which disclosure is to be made)

address, fax number _____

the following information (Nature of the information, as limited as possible):

_____

_____

__ Problem List __ Medication List __ Laboratory Results __ Consultation Reports
__ All Counseling/ Psychological Records __ Assessment/ Evaluation __ Progress Notes

This information may be disclosed to and used by the following organization:
Tennessee Community Counseling Services, Inc. 951 Eastgate Loop Chattanooga, TN 37411.
I understand I have the right to revoke this authorization at any time. I understand if I revoke this authorization I must do so in writing and present my written revocation to office management. I understand that revocation will not apply to information that has already been released in response to this authorization. I understand the revocation does not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. I may also see and obtain a copy of the information described on this form, for a reasonable fee, if I request it.
Expiration: This authorization shall expire one year from the date signed below, unless specified _____, and covers the treatment period only.
I have read the above and authorize the disclosure of the protected health information as stated. I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CRF Part 2, and cannot be disclosed without my written consent unless otherwise provided for on the regulations.

Name: _____ Date of Birth _____ SSN _____

X_____ _____
Signature of Participant Date

_____ X_____DATE _____
PRINTED NAME of Parent/ Guardian/ Authorized Representative Representative when Required
SIGNATURE of Parent/ Guardian/ Authorized Representative when Required