

Ostermiller Counseling Services, Inc.
242 East 7th North, Suite 4
Rexburg, ID 83440
(208) 359-9683
Fax (208) 359-0889

RELEASE OF INFORMATION
Authorization for Disclosure of Protected Information

I, _____, hereby authorize Ostermiller Counseling Services, Inc.

(check either box or both, as needed) to release information to: to obtain information from:

(Name)

(Organization)

(Contact information [address, phone number, etc.]

Protected health information to be used or disclosed:

The protected information is being used or disclosed for the following purposes:

I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to Jared Ostermiller, Privacy Officer, at 242 East 7th North, Suite 4 Rexburg, ID 83440.

I understand that a revocation is not in effect to the extent that Ostermiller Counseling Services, Inc. has relied on the use or disclosure of the protected health information. I understand that this consent expires 12 months from the date of signature unless otherwise specified.

I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law.

I understand that I have the right to refuse to sign this authorization.

Signature of Patient or Legal Guardian

Date