Connect Counseling Center, LLC

203 Harnett Ct.
Clarksville, TN 37043

2640 N. Mount Juliet Rd. Ste. 108
Mount Juliet, TN 37122

Phone: 931-614-7397 Fax: 931-443-0079

Authorization to Release Medical Records

Name of Patient _____ Date of Birth _____

I, the undersigned, authorize the release of, or request access to the information specified below from the medical record(s) of the above named patient.

PATIENT INFORMATION IS NEEDED FOR:

- ☐ Continuing Medical Care
- ☐ Military
- ☐ Social Security/Disability
- ☐ Insurance
- ☐ Personal Use
- ☐ Legal Purposes
- ☐ School
- ☐ Other: _____

INFORMATION TO BE RELEASED OR ACCESSED:

- ☐ Mental Health Assessment
- ☐ Progess Notes
- ☐ Diagnosis
- ☐ Treatment Plan
- ☐ Other: _____

The above information may be released (specify name or title of the individual or the name of the organization to which records are to be released and the appropriate address):

TO:

_____

(Doctor, Hospital, Attorney, Insurance Company, Self, etc.)

Phone Number: _____

Fax Number: _____

_____

Address (Street, City, State and ZIP)

FROM:

Connect Counseling Center, LLC
203 Harnett Ct.
Clarksville, TN 37043
Phone: 931-614-7397 Fax: 931-443-0079

I understand that my records are confidential and cannot be disclosed without my written authorization, except when otherwise permitted by law. Information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected. I understand that the specified information to be released may include but is not limited to history, diagnoses, and/or treatment of mental illness.
I understand that I may revoke this authorization in writing at any time except to the extent that action has been taken in reliance upon the authorization.
The authorization will expire 1 year from the date of my signature, unless I revoke the authorization prior to that time.

_____ Date: _____

Signature of Patient or Legally Authorized Representative

_____

Printed Name of Patient or Legally Authorized Representative

_____

Relationship to Patient