

Consent to Release Protected Health Information (PHI)

---

---

Release of Information of: \_\_\_\_\_ / \_\_\_\_\_  
(Participant's Name / Date of Birth)

I/We authorize release of information to discuss psychological, medical, substance abuse and other information about the identified person. I/We understand that this information is solely for the purpose of *planning, implementing and monitoring services* for the identified person while participating in counseling and support services.

By signing this form, you are telling us that it is **okay** for this provider to release this person's clinical records, treatment objectives and recommendations including clinical notes to the provider/person listed below on this date.

**FROM**

Name Jersey Innovative Services

---

Address 2360 Lakewood RD, STE 3 #256, Toms River, NJ 08755

Email info@workingwithfamilies.com

Phone 732-614-6145

Fax 732-612-1162

---

**TO**

Name \_\_\_\_\_

Address \_\_\_\_\_

---

**Privacy Practices:** HIPAA (Health Insurance Portability and Accountability Act) **Privacy Rule** - requires appropriate safeguards to protect the privacy of personal health information, and sets limits and conditions on the uses and disclosures that may be made of such information without client authorization (HHS.gov). **Protected Health Information (PHI)** - protection applies to information collected from the individual or agency.

This provider follows Federal, 42 CFR Part 2, State and HIPAA regulations to protect your confidentiality and asks permission to release information on you or your family. **Limits to Privacy:** Federal law authorizes disclosure of information when there is: harm to self, harm to another or harm from someone. It is our obligation to protect you and others around you. **Discontinue this consent:** I understand I may contact my provider in writing to discontinue this consent to release information about myself or my family or agency.

Consent is valid: \_\_\_\_\_  
Date

Signature of Adult/Guardian/Agency:
Signature of Adult/Guardian/Agency:
Signature of Other Member: