

# Still Waters

## Counseling, Consulting, and Psychological Services

Mailing Address: 137 Keveling Drive, Saline, MI 48176  
Phones: (734) 944-3446; (517) 266-8500 Fax: (734) 316-2093

### Authorization for Release/Exchange of Information

I give permission to Still Waters Counseling and \_\_\_\_\_ of that agency to release / exchange information regarding \_\_\_\_\_

\_\_\_\_\_  
Name of Client

\_\_\_\_\_  
Date of Birth

to/with \_\_\_\_\_

\_\_\_\_\_  
Name of Agency and/or Individual

\_\_\_\_\_  
Address

\_\_\_\_\_  
Contact Information (e.g. phone, fax, e-mail)

I understand that my records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically when its purpose has been served or in one year, whichever comes first.

#### Information to be Released / Exchanged

##### Assessments

- Initial
- Psychological
- Psychiatric
- Alcohol / Substance Abuse
- Other:

##### Summaries

- Quarterly
- Annual
- Discharge
- Other:

##### Other

- Medications
- Medical / Physical
- Treatment Concerns / Recommendations
- Progress Report
- Alcohol / Substance Abuse Treatments

#### Purpose of Release / Exchange

- Coordination of Treatment / Service Planning
- Determination of Eligibility for Benefits
- Requirements of Court Order
- Psychological Assessment
- Child Custody Evaluation
- Other:

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Legal Guardian Signature

\_\_\_\_\_  
Date

I refuse / withdraw permission for Still Waters to communicate with the above person or agency.

\_\_\_\_\_  
Client/Parent/Guardian Signature

\_\_\_\_\_  
Date