

Rebecca H Radcliffe Counseling

Reisterstown Location
202 Main Street, Suite 6
Reisterstown MD, 21237

Towson Location:
744 Dulaney Valley Road, Suite 3
Towson, MD 21204

Authorization to Release Medical Records:

I _____ (full printed name) **authorize Rebecca H Radcliffe Counseling to disclose My Health Information to the following person or business entity for the purpose of coordination of care and treatment planning.**

By checking these boxes off, I agree to allow my therapist to release the following specific **Health Information:**

Admission to Treatment, Dates of Attendance, Diagnoses, Medications, Documentations/Notes
 Case Consultation, Treatment Planning/Recommendations, Treatment Compliance
 Anecdotal Session Discussions Discharge Planning.

Name of Provider/Individual/Business: _____

Relationship to Provider/Individual: _____

Address: _____

Phone Number: _____

Fax Number: _____

Health Information being sent to Rebecca H Radcliffe Counseling should be faxed to 443-275-7126 or mailed to Rebecca H Radcliffe Counseling, 744 Dulaney Valley Road, Suite 3, Towson MD 21204

I understand there may be a charge for copying and handling my request. I understand all fees would be in compliance with legal guidelines. By signing this authorization, I agree to pay such fees if requested. This authorization is valid for one (1) year from date of signature, or until revoked in writing.

Client Name: _____ **DOB:** _____

Signature: _____ **Date:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____