



CORE WELLNESS
mycorewell.com

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RELEASE OF INFORMATION CONSENT FORM

I, _____, DOB _____ authorize the staff of **Core Wellness LLC**

to DISCLOSE TO and OBTAIN information FROM:

Name of Organization/Person(s)	Address	City	State	Zip Phone/ fax
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Name of Organization/Person(s)	Address	City	State	Zip Phone/ fax
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Including all of the following information unless otherwise specified:

- | | |
|--|--|
| <input type="checkbox"/> Attendance Report | <input type="checkbox"/> Admission Note |
| <input type="checkbox"/> Behavior Programs | <input type="checkbox"/> Psychosocial Assessment |
| <input type="checkbox"/> IEP | <input type="checkbox"/> Psychiatric Evaluation |
| <input type="checkbox"/> FBA/BIP | <input type="checkbox"/> Discharge Notes |
| <input type="checkbox"/> Psychological Testing Results | <input type="checkbox"/> Medical Testing |
| <input type="checkbox"/> Educational Testing Results | <input type="checkbox"/> Service Plans |
| <input type="checkbox"/> Vocational Testing Results | <input type="checkbox"/> Lab Test |
| <input type="checkbox"/> Case Notes | <input type="checkbox"/> Entire Record |
| <input type="checkbox"/> Progress Reports | <input type="checkbox"/> Medical Reports |
| <input type="checkbox"/> Report Cards | <input type="checkbox"/> Other (specify) _____ |

The above information will be used for the following purposes (optional):

- Planning Appropriate Treatment or Program
 Other (specify) _____

I understand that I may revoke this consent at any time by providing written notice, and after termination this consent automatically expires. I have been informed what information will be given/received, its purpose, and who will receive the information and I have agreed to this willingly.

Signature of Client/Guardian: _____ **Date** _____

Signature of Staff Member: _____ **Date** _____

PROHIBITION ON REDISCLOSURE

This information has been disclosed to you from the records protected by the Federal Confidentiality Rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by written const of the person to who it pertains or as otherwise permitted by 42 CFR Part 1. A general authorization for release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of this information to criminally investigate or prosecute any drug or drug abuse patient.