



Trailhead Counseling and Wellness, LLC
Andrew Krauthoefer, LPC, NCC, LSC

Authorization for Release of Information

This form is used to release your protected health information as required by federal and state privacy laws. Your authorization allows Trailhead Counseling and Wellness, LLC/Andrew Krauthoefer, NCC, LSC, LPCi to release your protected health information to a person or organization that you choose. You can revoke this authorization at any time by submitting a request in writing.

Client Information (person whose information will be released):

Name: _____ DOB: _____

Address: _____

Phone #: (_____) _____ - _____

I authorize Andrew Krauthoefer, NCC, LSC, LPCi/Trailhead Counseling and Wellness, LLC to release my protected health information to the following recipient (person who will be receiving your information):

Person's Name or Organization: _____

Address: _____

Phone #: (_____) _____ - _____ Fax (if applicable): (_____) _____ - _____

Date of authorization: ____/____/____

Authorization to expire on ____/____/____ **or for the following reason:** _____

Information to be released:

Counseling notes and pertinent information shared in session.

Purpose of the release: _____

(eg. consultation with school counselor, physician, referrals, etc.)

Approval:

I understand that this authorization to release information is voluntary. I also understand that if the person or organization I authorize to receive the information described above is not subject to federal health information privacy laws, they may further release the protected health information and it may no longer be protected by federal privacy laws.

By signing below, I authorize the release of my protected health information.

Signature: _____

Date: _____