



More MH Counseling
Make More Happen

Consent for Communication/Mental Health Release of Information

Released To: More MH Counseling, LLC. From:
12 Millennium Dr. Unit E
Cataumet, MA 02534
(508) 499 - 8525

Client: _____
Print Parent/Guardian: _____
Print Parent/Guardian: _____

Social Security No: _____
Date of Birth: _____
Date(s) of Service: _____

I consent to the release and receipt of medical and other information about me between the persons/entities listed below:

- Diagnostic/Evaluations
- Progress Notes/Treatment Summary
- Verbal Communication
- Schedule/Inquire about appointments

I understand that my/my child's records are protected under State and Federal confidentiality regulations and cannot be disclosed without my written consent unless otherwise provided by law. I also understand that I may revoke this consent at any time in writing, and that in any event this consent expires automatically 365 days after signing or at termination of services. Information disclosed by this authorization may be subject to re-disclosure by the recipient and no longer protected by HIPAA.

Signature of patient: _____ Date: _____

Signature of parent or Guardian: _____ Date: _____