



Motivated Wellness Solutions, LLC
Clinical Counseling, Consulting, and Coaching
Phone: 740.233.6357
Email: asmitke@motivatedwellnesssolutionsllc.com

Release of Information

This form is used to release your protected health information as required by federal and state privacy laws. Your authorization allows your therapist at TheraVault, LLC to release and/or exchange your protected health information. You can revoke this authorization at any time by submitting a request in writing to the agency. Revoking this authorization will not affect any action taken prior to receipt of your written request.

Section I. Client Information:

Full Name:

Date of Birth:

Address:

Phone:



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Section II. Therapist and/or Agency

I authorize TheraVault, LLC to release and/or exchange my protected health information to (only one per Release of Information Form):

PCP:

Phone:

Address:

Psychiatrist:

Phone:

Address:



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Other:

Relationship to client:

Phone:

Address:

For the purpose of:

Coordination of care. Intake assessment/discharge summary

Psychological testing Other: _____

How information can be communicated to (check all that apply):

Oral

Written

Electronic

Other:



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Section III. Client signature: By signing below I authorize the release of my protected health information as described above.

Client Signature:

Date:

Clinician Signature:

Date: