



Better Today Counseling & Wellness

Release of Information

Name		Main Contact #		Sex		ID#	
Address				Age		DOB	

This release authorizes the exchange of information both to and from regarding the client listed above between:

Organization/Person	Better Today Counseling & Wellness	&	Organization/Person	
Address	2222 Blaisdell Ave. 101		Address	
City/State/Zip	Minneapolis, MN		City/State/Zip	
Phone #	612.208.7704		Phone #	
Fax #	651.927.0233		Fax #	
Email	info@bettertoday.org		Email	

For the purpose of:

<input type="checkbox"/> Treatment Planning	<input type="checkbox"/> To Obtain Payment for Services / Billing
<input type="checkbox"/> Care Coordination	<input type="checkbox"/> Client Request
<input type="checkbox"/> Other:	

To include:

<input type="checkbox"/> Dates and/or Costs of Service	<input type="checkbox"/> Medical Records
<input type="checkbox"/> Diagnosis and/or Diagnostic Assessment	<input type="checkbox"/> Legal Records
<input type="checkbox"/> Functional Assessment and/or Treatment Planning	<input type="checkbox"/> Treatment Records
<input type="checkbox"/> Discharge/Transfer Summary	<input type="checkbox"/> All of the above
<input type="checkbox"/> Other:	

By the following Means of Communication:

<input type="checkbox"/> Verbal	<input type="checkbox"/> Written
<input type="checkbox"/> E-mail	E-mail communication has inherent risks that are not present in verbal and written communication. Specifically, that the sender and/or receiver may not be able to guarantee the privacy of any PHI that is sent by E-mail.

By signing this release, I acknowledge that:

- I have a right to revoke this authorization at any time by sending written notification to Apollo Counseling Inc. I further understand that a revocation of the authorization is not effective to the extent that action has been taken in reliance on the authorization.
- This authorization expires one year from the date of the client/legal guardian's signature, unless an earlier expiration date is explicitly documented on this form here:
- That Apollo cannot prevent the re-disclosure of records released as a result of this request and that the records may not be subject to privacy rule protections; therefore, Apollo is released from any and all liability resulting from re-disclosure by 3rd party sources.
- That if I choose e-mail as a means of communication Apollo has explained that E-mail is not a secure form of communication, and there is no guarantee that any PHI sent by E-mail is secure. Initial:
- I have read this form and/or have had it read to me and explained in a language that I can understand.
- This authorization expires one year from the date of the client/legal guardian's signature, unless an earlier expiration date is explicitly documented on this form here: Date:

Client/Legal Guardian Name	Signature	Date