



Richmond Creative Counseling, LLC

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Richmond, VA 23230
(804) 592-6311

AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

Authorization to Release Protected Medical Information

Individual's Last Name:	First:	Date of birth:
Street Address:		Cell Phone:
City:	State:	Zip Code:

I hereby give Richmond Creative Counseling, LLC authorization to (specific):

<input type="checkbox"/> Release information to:	<input type="checkbox"/> Obtain information from:	<input type="checkbox"/> Discuss information with:
Company/Provider/Person Name:		
Address:		
Phone:	Fax:	

Covering the period(s) of treatment from _____ to _____ / ALL

Information Requested:

- Records – Date(s) specified above
- Lab Work
- Records DO NOT need to be sent
- Other (specify) _____.

For the purposes of:

- Coordination of care w/ another provider
- Moving/Transferring Care
- Insurance/Disability/Legal

I understand if records are being requested, I must allow a two week processing period.
I understand this authorization will expire in ONE YEAR unless otherwise indicated in writing.
I understand I may revoke or edit this authorization at any time by providing written notification to my provider at Richmond Creative Counseling, LLC.

Printed name of Patient or Authorized Representative

Date: / / .

Signature of Patient or Authorized Representative