



Specializing in Assessments and Counseling

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Authorization to Release Information

I, _____ authorize Healthy Recovery Options and

To communicate with me via:

<u>Email Address:</u>	<u>Skype Profile/Address:</u>	<u>Mobile Number for Call/Text:</u>

To disclose to one another any of the following Information listed below

- Schedule or Reschedule Appointments
- Assessment Recommendations
- Information about Services and Costs
- Information about the Amount of Sessions left or Fees Owed
- Following up on Missed Appoints
- Anything I want to know about my Treatment
- To have virtual individual or group sessions

The purpose of this disclosure authorized in this consent is to give Healthy Recovery Options Staff permission to contact me and provide me with the above information to ensure swifter and faster delivery of messages. With regard to the virtual therapy, permission is given to conduct virtual group and/or individual sessions with me alone or with other group members. I will adhere to the group rules. I will make sure that I am alone in a room to ensure total privacy.

Please note that there are Risks and Benefits of Text Messages and Virtual Interviewing:

Benefits: 1. Fast and most efficient means of sending information in a given situation; 2. Eliminate factors such as background noise, spotty wireless network coverage, lack of access to a desktop or laptop, and a flood of e-mails clogging inboxes.

Risks: 1. When communication technology is not managed appropriately it may compromise the privacy and security of the information exchanged, especially when information gets in the hands of an unauthorized third party, due to loss, theft, recycling of the device; 2. When information can be accessed without any level of authentication; 3. Although text messages or virtual communications communicated wirelessly are usually encrypted by the carrier, interception and decryption of such messages can be done.

Client Signature

Date

Witness

Date

Disclosure of Limitations of Confidentiality
<p>Prohibition on re-disclosure: This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal Regulations (42 CFR, Part 2) prohibits you from making further disclosure of this information except with specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information if helped by another party is not sufficient for this purpose. Federal regulations state that any person who violates any provision of this law shall be fined not more than \$500.00 in the case of the first offense and not more than \$5000.00 in the case of each subsequent offense.</p>