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Mental Health Providers with BAKERS Counseling Services, LLC

P.O. Box 961 Beaufort, SC 29901-0961
12 Fairfield Road, Suite B3 Beaufort, SC 29907
Phone: (843) 379-1003; Fax: (843) 379-0700

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: Date of Birth:

Previous Name: Social Security #:

I request and authorize BAKERS Counseling Services, LLC to release healthcare information of the patient named above TO and FROM:

Professional's Name:

Address:

City: State: Zip Code:

Office Phone Number Office Fax Number

This request and authorization applies to:

Healthcare information relating to the following treatment, condition, or dates:

All healthcare information

Other:

I authorize the release of my STD results, HIV/AIDS testing, whether negative or positive, to the person(s) listed above. I understand that the person(s) listed above will be notified that I must give specific written permission before disclosure of these test results to anyone.

I authorize the release of any records regarding drug and/or alcohol treatment to the person(s) listed above. This DOES NOT apply for Certified Addiction Counselor (CAC) because of the law (42 CFR Part 2). He/she cannot disclose alcohol and drug information.

Patient Signature: Date Signed:

Parent/Legal Guardian Signature: Date Signed:

Printed Name of Patient/Parent/Legal Guardian:

THIS AUTHORIZATION EXPIRES ONE YEAR AFTER IT IS SIGNED. CLIENT MUST SAY IN WRITING WHEN HE OR SHE WANTS TO REVOKE THIS RELEASE.