Please complete the form, sign and mail (with a $20 check) to:

Clary Document Management, Inc.
5600 Pioneer Creek Drive
Maple Plain, MN 55359

Phone: 763.548.1320 | Fax: 763.548.1325 | chartcontrol@clarydm.com | www.clarydm.com

AUTHORIZATION TO RELEASE MENTAL HEALTH RECORDS

Patient's Name: ________________________________ Date of Birth: ________________________

Address: _________________________________ Day Phone: ________________________

_________________________________ Email: ________________________

I request that all records of the patient named above to be released from:

Christian Counseling Associates
9650 Santiago Road
Suite 102
Columbia, MD 21045

Year of Last Visit [ ]

Send all records to my provider below:

Name: _____________________________

Address: ____________________________

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Email: ______________________________

Fax : ______________________________

Reason for Release of Information: (circle one) personal use continuity of care legal insurance

other:____

This request and authorization applies to all my therapy records. I understand my medical records may include information regarding mental health, psychotherapy notes, alcohol/drug use, Sexually Transmitted Disease results (whether positive or negative) and HIV treatment. I understand this authorization will be in effect for 12 months unless cancelled by me in writing and that my cancellation will take effect when Clary Document Management (Clary) receives my notice in writing submitted to the address above. I understand once Clary discloses my health information herein, it may no longer be protected by federal privacy laws. **I understand I will pre-pay $20 to reproduce the records and reports.**

____________________________________ Date _____________

Patient Signature

____________________________________ ________________________________ Date _____________

Patient Representative Signature Your Authority to Sign on Behalf of Patient

*STATE/COMMONWEALTH OF ___________________

County of ______________________________

The foregoing instrument was acknowledged before me the _____ day of ________, 20__,

by____

____

Notary Public

*** Notarized signature is required**