Blue Hill Counseling, LLC.
Kelli B. Hill, LPC-S
27999 Old Walker South Rd, Suite G
Walker, LA 70785
Phone: (225) 998-1223

Authorization for Release/Exchange of Confidential Information

I, _____ , hereby authorize Kelli B. Hill, LPC-S of Blue Hill Counseling, LLC to release/exchange information with _____ at _____ regarding the following information to assist in case consultation, evaluation, diagnosis and development of a treatment plan and is limited to that purpose as well as the specified below:

(Name)

(facility name and telephone number)

_____ Clinical Observations & Recommendations
_____ Case Summary
_____ Progress Reports
_____ Diagnosis & Prognosis
_____ Doctor's/Therapist Treatment Plan
_____ Psychological Evaluation
_____ Alcohol/Drug History
_____ Findings
_____ Discharge & Treatment Summary
_____ Social History
_____ Psychiatric History
_____ Medical Examination or History
_____ Job Related Issues
_____ Attendance of Appointments
_____ All School Records All Laboratory
Other: _____

Please read carefully:
I understand that my medical, counseling, and/or education records are confidential. I understand that by signing this authorization, I am allowing the release of any information requested to the person(s) or agency above.

I, further understand I may revoke this consent at any time, (except to the extent that action has already been taken).

_____ _____
Date Signature of Client or, if minor, Parent/Guardian

_____ _____
Date Kelli B. Hill, LPC-S

PROHIBITION ON REDISCLOSURE: Further disclosure of this confidentiality information without the specific written consent of the person to who it pertains is prohibited.