

THE COASTAL SAMARITAN COUNSELING CENTER, INC.

Post Office Box 2967, 901 North Kings Highway
Myrtle Beach, South Carolina 29578-2967
Telephone (843) 448-4820 Fax (843) 448-9875
www.coastalsamaritan.org cscinfo@coastalsamaritan.org

**CONSENT AND AUTHORIZATION
TO RELEASE CONFIDENTIAL INFORMATION**

Client's Name _____

Address _____ DOB _____

_____ SSN _____

I authorize the disclosure of my medical records from The Coastal Samaritan Counseling Center to the person/organization listed below:

I authorize the disclosure of my medical records from the person/organization listed below to The Coastal Samaritan Counseling Center:

Name _____ Phone _____

Address _____ Fax _____

_____ Relation to Client _____

Portion of the Medical Record to be Released:

_____ Entire Medical Record	_____ Admission/Discharge Dates
_____ Clinical History & Evaluation	_____ Diagnoses
_____ Psychiatric History & Mental Status	_____ Discharge Summary
_____ Progress Notes	_____ History & Physical
_____ Physician's Medication Orders	_____ Consultant's Notes
_____ Other (Please List) _____	

I understand that all client information is confidential and my records cannot be disclosed without my written consent unless otherwise provided for by law. I acknowledge that the information being released was fully explained to me and that this consent is given freely. I also understand that I may withdraw my consent at any time by written notification to the facility.

X Client Signature _____ Date _____

Authorized Person (If client is a minor or unable to sign) _____ Date _____

X Witness to Signature _____ Date _____ 9/08

Fully Accredited by The Samaritan Institute

www.samaritaninstitute.org