

Burnsville Counseling and Healing Center (InnerLight Healing Center)

17305 Cedar Avenue Suite 230
Lakeville, MN 55044
Phone: 952-435-4144
Fax: 952-435-4149

**AUTHORIZATION FOR RELEASE
OF CONFIDENTIAL INFORMATION**

Please Print:

Client Name Date of Birth

Street Address Therapist Name

City State Zip

I hereby authorize Burnsville Counseling and Healing Center: to obtain from to release to
 to verbally communicate with

Name of Person, Clinic, Facility or company

Street Address

City State Zip

Phone Fax

**My authorization extends only to those elements
or documents INITIALED below.**

To the attention of:

- | | |
|--|--|
| _____ All records maintained while I was a client
of the above named facility. | _____ Statement of charges and payments. |
| _____ My social/psychological/psychiatric evaluation. | _____ Record of all visits. |
| _____ Summary of treatment. | _____ Consultation reports. |
| _____ I want to limit or specify records to be released to
the dates from _____ to _____. | _____ Other _____ |

This authorization is given freely with the understanding that:

- Any and all records, whether written or oral or electronic format, are conditioned and cannot be disclosed without my prior written authorization except as otherwise provided by law.
- A photocopy or fax of this authorization is as valid as the original.
- I may revoke this authorization at any time, except where information has already been released. This authorization is valid for a one year period from the date it is signed, or sooner if noted below. The revocation form is available from the receptionist.
- Burnsville Counseling and Healing Center, its employees, officers and therapists are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.
- Treatment, payment, enrollment or eligibility benefits may not be conditioned upon obtaining the authorization.
- Information used or disclosed pursuant to this authorization may be subject to redisclosure and is no longer protected.

Client Signature _____ Date _____

Guardian Signature (if applicable) _____

Witness _____ Expiration Date (if under 1 year) _____