

Client name: _____

Avers & Biddle Counseling Associates LLC
1681 Crown Avenue Suite 10 Lancaster, PA 17601
Phone (717) 208-6686 Fax (717) 208-6687

Authorization to Release Information to Third-Party Payers

I do hereby consent and authorize Avers & Biddle Counseling Associates LLC to release verbally, in writing, or via facsimile machine all information regarding my treatment to my insurance company or third party payer and its agents for the purpose of establishing claims for which reimbursement is sought associated with my course of treatment. The released information may be limited to following identified areas specified by State Regulation 4PA 255.5:

- * Diagnosis / * Whether or not the client is in treatment / * Client's prognosis /
- * Brief description of the client's progress / *The nature of the project /
- * A short statement as to whether the client has relapsed into drug or alcohol abuse and the frequency of such relapse (if applicable)

My signature indicates that: I do not have an obligation to consent to the disclosure of any information from my client record; I may revoke this authorization at any time by notifying Avers & Biddle Counseling Associates LLC; I have the right to request to review the material that is to be released; my information is further protected by PA Law, Act 63 and/or PA P.S 817, and/or Federal Public law 93-282; that Federal Regulations (42 CRF Part 2) prohibits further disclosure and/or re-disclosure of information without my specific written consent; I have had this form explained to me; and that I am responsible for any insurance/funding co-payment at the time of service.

Client's Signature

Date

Signature of Witness

Date

The information being disclosed is from records in which the confidentiality of its contents are protected by State & Federal Laws: PA Law, Act 63; PA PS 817; Federal Public Law 93-282; and Federal Regulation 42 CRF, Part 2. Federal Regulation 42 CRF, Part 2 prohibits making further disclosure of this information without the specific written consent of the person to whom it pertains. Federal rules also restrict any use of this information to criminally investigate or prosecute any drug and alcohol client.

This authorization expires: _____
(date, time, event, or condition)

Client name: _____