Coastal Haven Counseling, LLC
220 Ronnie Ct Suite 2
Myrtle Beach, SC 29579
(843) 945-0346

Coastal Haven Counseling, LLC
3100 Dick Pond Rd Ste D2
Myrtle Beach, SC 29588
(843) 945-0346

Authorization to Use and Disclose Specific Protected Health Information

By signing this Authorization, I (client) _____, hereby direct the use or disclosure by *Coastal Haven Counseling, LLC and Associates* of certain medical and/or mental health information pertaining to my health, my health care, or myself.

This Authorization concerns the following medical/mental health information about myself:

_____ **Check here for all mental health information to release,**

Or specify which information specifically to release:

_____

_____

_____

_____

This information may be used or disclosed by *Coastal Haven Counseling LLC and Associates* and may be disclosed to/received from:

Name doctor's office/doctor name, or pertaining party below:

_____

_____

_____

[LIST NAME OR SPECIFIC IDENTIFICATION OF THE PERSON(S) OR CLASS OF PERSONS TO WHOM YOU MAY MAKE THE REQUESTED USE/DISCLOSURE]

I understand that I have the right to revoke this Authorization at any time except to the extent that *Coastal Haven Counseling, LLC and Associates* has already acted in reliance on the Authorization. To revoke this Authorization, I understand that I must do so by written request.

I understand that information used or disclosed pursuant to this Authorization may be subject to redisclosure by the recipient and no longer subject to privacy protections provided by law.

I understand that my written authorization is not required for *Coastal Haven Counseling LLC and Associates* to use my protected health information for treatment, payment and health care operations.

I understand that I have the right to inspect and copy the information that is to be used or disclosed as part of this Authorization. The Authorization is being requested by *Coastal Haven Counseling LLC and Associates* for the following purpose(s): Mental Health Therapy & Coordination of Care

I acknowledge that I have read the provisions in the Authorization and that I have the right to refuse to sign this Authorization.

I understand and agree to the terms as stated in this form.

_____ _____

[Signature] [Date]

_____

[Print Name]

_____

[Witness]

This authorization expires on one year from date signed, unless otherwise noted: _____