

New England College Wellness Center & Counseling Services

Health Records Release Form

98 Bridge Street, Henniker, NH 03242
Phone: (603) 428-2253 Fax: (603) 428-2442

I _____ DOB: _____, authorize a member of the
New England College Wellness Center & Counseling staff to:

_____ Disclose Information To _____ Exchange Information With
_____ Obtain Information From

The following information and/or records as specified below:

The following Individual/Organization:

Name of Individual/Organization

Mailing Address

Phone/Fax

The purpose of this disclosure of information is to aid in the assessment and treatment planning,
for consultation, and/or when appropriate to coordinate treatment services.

If other purpose please specify here:

Specify time period for which information is to be released:

_____ From _____ To _____

_____ All dates of service

Signature of Client/Legal Representative

Date

Relationship to client

Witness

Date

SUBSTANCE ABUSE RECORDS REDISCLOSURE: I understand that my records may be protected by Federal Confidentiality Rules (42 CFR Part 2). The federal rules prohibit further disclosure of this information without my written consent or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information in a criminal investigation or prosecution of any alcohol and/or drug abuse or dependent patient.