**MBH WELLNESS CLINIC**

100 Century Park South #102

Birmingham, Alabama 35226

(888) 386-9624 Phone (205) 383-3253 Fax

**CONSUMER AUTHORIZATION TO RELEASE/ACQUIRE INFORMATION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize the specific agencies/individuals which I have designated by placing my initials, \_\_\_\_\_\_\_ in the space provided to release to ***MBH Wellness Clinic*** the following: All relevant clinical data necessary to carry out the assessment and treatment plan based on the consumer’s needs assessment. The purpose and need for this disclosure is to assist in the development of treatment plan which will attempt to meet consumer service needs through appropriate referral and/or service provision.

**Agency/Individual Granted Information Release Authorization**

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This consent may be ended at any time by the client, but ending the consent will not cancel any action that has already been taken as allowed by the form. Unless the client wishes to cancel this consent at an earlier time, it will automatically stop upon the date and/or event or condition indicated below:

A: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date must be completed)

B: Event/Condition: One year from the date of signature or termination of the case (whichever occurs first).

It is understood that the duration of this consent will not be longer than would be necessary and reasonable to carry out the purpose for which it is given. (This form meets the requirement of Federal Regulations 42CFR Part 2).

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Signature of Client or Person Authorized to Sign for Consumer Date Signed

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Witness Signature Date Signed