Scott Spradlin, LPC, LMAC at NorthStar Therapy
560 S. Oliver, Wichita, KS 67218
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Release of Confidential Information

Client Name:_____ Date of Birth: _____ SSN: _____

Client Address: _____ Client Phone: _____

I, _____, (Printed client name)

Hereby consent to communication between Scott Spradlin/NorthStar personnel and

_____ (Print name of agency/person)

_____ (Address/contact number)

_____ (Relationship to client)

The purpose of this disclosure is to facilitate communication between the above listed agency and Scott Spradlin/NorthStar Therapy to create a comprehensive coordination of services for the above-named client**:**

- ☐ Assessment & Treatment Recommendations Initials: _____
- ☐ Emergency Contact Initials: _____
- ☐ Attendance Confirmation Initials: _____
- ☐ Treatment Plan Initials: _____
- ☐ Treatment Progress Initials: _____
- ☐ Attorney/Court Reporting Initials: _____
- ☐ Third-party Payor/Funding Source Initials: _____
- ☐ Discharge Summary and Aftercare Recommendations Initials: _____
- ☐ Other: _____ Initials: _____

1. I understand that my mental health care and alcohol and/or drug abuse records are protected under the Federal regulations governing Confidentiality and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. pts 160 & 164 and cannot be disclosed without my written consent unless otherwise provided for by the regulations. I also understand that I may revoke this consent in writing at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

   365 days after discharge date

2. I understand that generally Scott Spradlin/NorthStar Therapy may not condition my treatment on whether I sign a consent form, but that in certain limited circumstances I may be denied treatment if I do not sign consent.

I HAVE RECEIVED A COPY OF THIS FORM Initials: _____

_____/_____ _____/_____

Signature of Client Date Signature of Therapist/Staff Date

_____/_____

Signature of Parent/Guardian/ (As needed) Date