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Release of Information

I, _____, (_____) hereby authorize Developmental
Client Name DOB
Enhancement, PLC, to **disclose** and/or **receive** the following psychiatric and/or medical information to/from:

Name & Organization: _____ Relationship: _____

Address: _____

Phone Number: _____ Fax number: _____

Covering the dates of _____ through _____

This release includes professional communications, both verbal and written, and/or reports produced during treatment, with the exception of: _____

This authorization shall be in force and effect until _____ (1-year maximum), or event or purpose at which time this authorization to use or disclose this protected health information expires (Ex. termination of treatment with clinician).

I understand that:

- A revocation is not effective to the extent Developmental Enhancement, PLC, has relied on the use or disclosure of the protected health information. The Notice of Privacy Practices outlines privacy issues including revocation of authorization.
- Information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law.

Developmental Enhancement, PLC will not condition my treatment, payment, and enrollment in a health plan or eligibility for benefits (if applicable) on whether I provide authorization for the requested use or disclosure.

I understand that I have the right to:

- Revoke this authorization, in writing, at any time by sending such written notification to Developmental Enhancement at the above address.
- Inspect or copy the protected health information to be used or disclosed as permitted under federal law (or state law to the extent the state law provides greater access rights.)
- Refuse to sign this authorization.
- Receive a copy of this authorization containing my signature.

I have been made aware of Developmental Enhancement, PLC's Privacy Practices. The statements included in this authorization are binding on Developmental Enhancement, PLC's service.

Client/Parent/Guardian Signature

Date

Client/Parent/Guardian Printed Name

Witness/Date