

# Release of Information

Version 05/11/2025



Client Name		Client ID# (optional)	
Phone#		Date of Birth	
Address		Legal Guardian	
City/State/Zip		LG Phone#	

This release authorizes the exchange of my health information:

	<input type="checkbox"/> From	<input type="checkbox"/> To		<input type="checkbox"/> From	<input type="checkbox"/> To
Organization/Person	Alpha Care LLC		Organization/Person		
Address	7760 France Ave S STE 1100		Phone #		
City/State/Zip	Bloomington, MN, 55435		Address		
Phone #	+1 (651) 797-0915		City/State/Zip		
Email	<a href="mailto:info@alphacarellc.org">info@alphacarellc.org</a>		Email		

\* Alpha does not release any information by Fax.

Health Information to be Released by the Methods Indicated:	Dates of Records to be Released:	
<input type="checkbox"/> I authorize my information to be released via by email*	Start Date	End Date
<input type="checkbox"/> I authorize my information to be released in writing		
<input type="checkbox"/> I authorize my information to be released verbally		

\*By checking this box, I acknowledge that while Alpha uses a HIPAA secure email system, email may not be a secure method of communication, and that the sender/receiver of my health information cannot guarantee the privacy of any information.

For the Purpose of:	Records to Release:
<input type="checkbox"/> Treatment Planning & Care Coordination	<input type="checkbox"/> Diagnostic Assessments
<input type="checkbox"/> Payment/Insurance	<input type="checkbox"/> Functional Assessments
<input type="checkbox"/> Legal	<input type="checkbox"/> Individual Treatment Plans
<input type="checkbox"/> Client Request	<input type="checkbox"/> Dates and Costs of Service
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

By signing this release, I acknowledge that:

- I have a right to revoke this authorization at any time by sending written notification to Alpha Counseling Inc. I understand that a revocation of the authorization is not effective to the extent that action has been taken in reliance on the authorization.
- Alpha cannot prevent the re-disclosure of records released as a result of this request and that the records may not be subject to privacy rule protections; therefore, Alpha is released from all liability resulting from re-disclosure by 3rd party sources.
- If I choose Email as a means of communication Alpha has explained that Email may not be a secure form of communication, and there is no guarantee that any information sent by email is secure.
- I have read this form and/or have had it read to me and explained in a language that I can understand.
- This authorization continues until revoked in writing by the client/legal guardian
- If the client/legal guardian wishes an alternative expiration date, Indicate here: ☐ Alternative End Date

This authorization expires one year from the date of the client/legal guardian's signature, unless explicitly documented here:

Alternate Expiration Date	
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Client/Legal Guardian		Signature		Date	
<input type="checkbox"/> Client/LG provided verbal authorization to the witness					
<input type="checkbox"/> Client/LG refused/unable to sign – Explain: <input type="text"/>					
Witness		Signature		Date	