Please download, sign, and return the form via email to mail@serenitybhw.com

SERENITY
BEHAVIORAL HEALTH & WELLNESS

AUTHORIZATION TO RELEASE INFORMATION

CLIENT INFORMATION	Name: _____ Date of Birth: _____ Address: _____ Phone: _____ City: _____ State: _____ Zip Code: _____
I authorize this clinic to: ☐ Send ☐ Receive ☐ Exchange	Serenity Behavioral Health & Wellness LLC 6001 Egan Drive, Suite 197 Savage, MN 55378 Phone: 952-592-2200 Fax: 952-592-2201 Provider(s): _____
I authorize this clinic/ organization/person to: ☐ Send ☐ Receive ☐ Exchange	Clinic/Organization/Person: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____ Email: _____ ☐ I am requesting these records for myself as the client
INFORMATION TO BE RELEASED via: ☐ Fax ☐ Mailed (Certified w/fee) ☐ Emailed (Encrypted) ☐ Verbal	☐ Discharge Summary/Notes ☐ Behavioral Programs ☐ Academic Testing Reports ☐ Probation Records ☐ School Grades/ Behavior ☐ Records/IEP Chemical Dependency Treatment ☐ Psychological Test Results ☐ Service Plans ☐ Vocational Testing Reports ☐ Psychotherapy Notes ☐ Other: _____
PURPOSE FOR RELEASE OF INFORMATION:	☐ Planning Treatment or Program ☐ Continuing Care ☐ Legal ☐ Social Security Disability Other: _____
	I understand this authorization is voluntary and lasts for one year after the date I sign it unless I enter a different date here: _____. This authorization can be cancelled in writing at any time. A cancellation will not change releases that occur before the cancellation date. A photocopy/fax of this authorization will be treated the same as an original. Serenity Behavioral Health & Wellness LLC cannot prevent redisclosure of your information by the person or organization who receives your records under this authorization. By signing this authorization, you release Serenity from any and all liability resulting from redisclosure by the recipient. Your signature indicates you have read and understand this form and authorize release of your information as described above.
	Client Signature: _____ Date: _____ Parent/Legal Guardian Signature: _____ Date: _____