



# Community Hope Christian Counseling

Helping People Find the Hope of Christ

## HIPPA RELEASE FORM

Patient Legal Name: \_\_\_\_\_

Privacy regulations require Community Hope Christian Counseling to have a release signed by our patients, so we may speak with family members, friends and other relations regarding your medical treatment and patient's financial information. Each person you wish to be considered a contact **MUST** be listed individually by name ( including a Spouse or Significant Other)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

**This authorization will expire one year from signing**

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Witness

\_\_\_\_\_  
Signature of Witness