Ethos Leaders LLC Counseling Services
Bryant Kusy, MA, LCPC, IMH-E IV
1243 E Iron Eagle Dr. Suite 130D Eagle, ID 83616

Phone: (208) 391-7050
FAX: (208) 547-6835

AUTHORIZATION FOR RELEASE OF INFORMATION

I,_____
_____, Name(s) of Client or Parent/Legal Guardian)

give my/our permission for : **Ethos Leaders LLC (Bryant J. Kusy, LCPC)** to communicate and share information in writing and conversation with:

Individual Provider Name

_____
Agency (if applicable)

_____
Street Address/Post Office

_____
City State Zip Code

Individual Provider Name

_____
Agency (if applicable)

_____
Street Address/Post Office

_____
City State Zip Code

Regarding

_____
Client's Legal Name & DOB

_____
Street Address/Post Office

_____
City State Zip Code

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ALL MEDICAL INFORMATION: I understand that this disclosure of all my medical information will include the information about the following (if contained in my medical records, and, only if I check the "yes" box[es] and initial below).

( ) Yes ( ) No – Treatment for alcohol and/or drug abuse _____Initials

( ) Yes ( ) No – Behavioral health services/psychiatric care _____Initials

__ ONLY THE FOLLOWING INFORMATION: Specify the records that you authorize to be disclosed, including condition, dates of services and or type of records.

_____
_____
_____

For the purpose of:

_____
_____ **AUTHORIZATION:** I certify that this request was made voluntarily and that the information given is accurate to the best of my knowledge. I understand that I may revoke this authorization at any time by notifying Ethos Leaders LLC. in writing. I understand any request for revocation will not have any effect on any actions taken prior to its submission. I understand that if the entity authorized to receive the information is not a health plan or healthcare provider, the released information may not be protected by federal privacy regulations. This authorization is valid for one year unless otherwise stated.

_____ Signature of Client or Legal Guardian

_____Date

Form used for: Obtaining and sharing information

CLIENT MUST BE GIVEN A COPY OF THIS FORM