

*Anchor of Hope Counseling of Clemson, PA
PO Box 187, 110 Liberty Dr. Ste. 203
Clemson, SC 29633
Ph: 864-654-7858*

RELEASE OF CONFIDENTIAL INFORMATION

I, _____, give authorization for
Dr. Hope Threadgill, PsyD to exchange, release, obtain confidential information regarding
patient: _____

To: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

This information shall be for the purpose of counseling treatment. It may be through electronic,
verbal or written information regarding treatment, progress, and medical and therapeutic
intervention.

This release is valid for one year unless otherwise specified. I understand that I can revoke
this release of information at any time, with the understanding that any earlier releases of
information cannot be changed.

Name

Date

If this release pertains to alcohol or drug abuse information, please note that:

This information has been disclosed to you from records whose confidentiality is protected by
Federal Law. Federal regulation (42C F.R. Part 2) prohibits you from making further disclosure of it without
the specific written consent of the patient to whom it pertains, or as otherwise permitted by such regulations.
A general authorization for the release of medical or other information is NOT sufficient for this purpose.

***Any disclosure, copying or distribution of this information is strictly prohibited!**

***THE INFORMATION CONTAINED HEREIN IS CONFIDENTIAL AND ONLY INTENDED
FOR THE INDIVIDUAL NAMED ON THIS SHEET. IF YOU HAVE RECEIVED THIS IN
ERROR, PLEASE CALL 1-864-654-7858 TO RETURN THE ORIGINAL DOCUMENTS.
THANK YOU.**