

3615 2<sup>nd</sup> Ave, Suite A  
Kearney, NE 68847



P: 308-233-3847  
F: 308-233-5921

## Release of Information

Sarah Gierhan, APRN-C    Rene Sykes, APRN-C    Holly Schmidt, LIMHP    Sarah Rolfsmeyer, PMHP

### CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I authorize release of records for: \_\_\_\_\_  
Patient Name Date of Birth

**Between:** Serene Mental Health Clinic

**And:** \_\_\_\_\_

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**To share the following information:** (Please mark which items may be shared)

**FROM:** Serene Mental Health

**TO:** Serene Mental Health

☐ Discharge Summary  
☐ History/Pretreatment/Initial Assessment  
☐ Progress Notes  
☐ Medications  
☐ Verbal information  
☐ Other information

☐ Discharge Summary  
☐ History & Physical/Pretreatment Assess.  
☐ Psychological Report  
☐ Initial Evaluation/Progress notes  
☐ Verbal information  
☐ Other information

This information is to be used for the purpose of continuity of care.

This consent is subject to revocation at any time except to the extent that the program which is to make the disclosure has already taken action in reliance on it. If not previously revoked this consent will terminate one year from date signed.

I understand that my records may include drug and/or alcohol abuse information, which is protected under the Federal Confidentiality regulations (42 CFR, Part 2). Any further disclosure of my records other than what is outlined above is prohibited without my specific written consent, or as otherwise permitted by such regulations.

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

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian's Relationship to Client

\_\_\_\_\_  
Witness