



# Watershed Wellness, LLC

1601 Milltown Road, STE 13  
Wilmington, DE 19808

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## **AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION**

Client Name \_\_\_\_\_ DOB \_\_\_\_\_

I, \_\_\_\_\_ (Adult Client/ Parent / Legal Guardian)

### **Do hereby authorize:**

Brian P. Callahan, Watershed Wellness, LLC

### **To Release Healthcare Information to:**

\_\_\_\_\_  
Name of Professional, Practice, Agency, Organization

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone/Fax/Email

### **The following information can be released (check all that apply)**

- Diagnoses
- Assessments, Evaluations, Testing
- Drug and Alcohol Assessment
- Other: \_\_\_\_\_
- Psychological/Psychiatric evaluations
- Medications, Medication Changes
- Test Results
- Drug and Alcohol Treatment

Dates From: \_\_\_\_\_ to \_\_\_\_\_

Purpose: The requested information is needed to assist in treatment, evaluation, and continuity of care, or

\_\_\_\_\_  
\_\_\_\_\_

Re-Disclosure: It is my intent that the recipient is prohibited from disclosing this information to any other party. The information disclosed by this authorization may be subject to re-disclosure by the recipient and no longer protected by HIPAA, 45 CFR, part 160&164, or in case of Alcohol and Drug Abuse Patient responsibility to liability for disclosure of the above information to the extent indicated and authorized herein.

Time Limit and Right to Revoke Authorization: I understand that this authorization is valid for a maximum of one year from the date of signing or until discharge from treatment at Watershed Wellness, LLC. I may revoke this authorization at any time by notifying the providing practice in writing. Such revocation will not have any effect on any actions taken by the providing organization prior to their receipt of my revocation request.

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|--------|--------------|------|
| Client | Phone Number | Date |
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|----------------|--------------|------|
| Legal Guardian | Phone Number | Date |
|----------------|--------------|------|

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|         |              |      |
|---------|--------------|------|
| Witness | Phone Number | Date |
|---------|--------------|------|