

CONSENT FOR RELEASE OF INFORMATION

I understand that my therapist has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow them to release some of my personal information to certain individuals or agencies.

I, _____, authorize _____
to disclose Protected Health Information to and/or obtain information from _____
_____.

The information may be shared: (Check all that apply)

- in person by phone by fax by mail
 by email (By checking this box, I understand that email is not confidential and can be intercepted and read by other people.)

I authorize the release of: (Check all that apply)

- Academic testing results
 Teacher/school counselor/Psychologist observations, school & special education documents
 Summary reports
 Evaluations and reports from consultations
 Psychological assessment and/or reports
 Other _____

The above information will be released for the following purposes: _____

I understand that: (Initial on each line)

_____ I do not have to sign a release form. I do not have to allow my therapist to share my information. Signing a release form is completely voluntary. This release is limited to what I write above.

_____ releasing information about me could give another healthcare provider or person information about my location and would confirm that I have been receiving services from my therapist.

_____ my therapist may not be able to control what happens to my information once it has been released to the above person or healthcare provider, and that the healthcare provider or person getting my information may be required by law or practice to share it with others.

_____ I may revoke this consent at any time by providing written notice, and that after one year this consent automatically expires. I have been informed what information will be given, its purpose, and who will receive the information.

_____ all information shared will be recorded as part of my confidential record.

Client Signature

Date

If client is a minor, please list the Parent/Guardian who is giving consent for the release of information:
