Authorization for Release/ Exchange of Information

This form provides your therapist with written permission to communicate with other individuals regarding your treatment. [e.g. Previous therapist, current health care provider, parent, etc.]

I, _____ authorize _____ to release and/or exchange information about my case with the following parties

Name/Relation: _____

Address: _____

Phone number: _____

Email: _____

Name/Relation: _____

Address: _____

Phone number: _____

Email: _____

Information to be released or exchanged (check all that apply)

__ Intake and History

__ Diagnosis and Treatment Plan

__ Verbal Consultation

__ Other (specify)

_____

_____

__ Treatment Process

__ Discharge Summary

__ Billing and Payment

__ **All of the Above**

Client Name: _____

Client Signature: _____

Date: _____