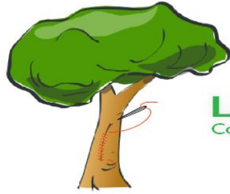

Official Release of Confidential Information

Today's Date:__________

Client Name: ________________________________ Date of Birth: _________

I hereby authorize Starr Burgess to:

___ obtain information from ___release information to

Agency ____

Attention ____

Street Address ____

City, State, Zip ____

Phone Number ____

Description of Information to be Disclosed
(Patient/Client should initial each item to be disclosed.)

___Diagnosis	___Dates of Treatment Only	___Insurance
___Treatment Plan	___Psychological Test Records	___Aftercare Treatment
___Progress Reports	___Court Order	___ Other:____________
___Treatment Summary	___Educational/School Records	___ Other:____________
___Family Involvement	___Legal Purposes	

Purpose

The purpose of this disclosure of information is to improve assessment and treatment planning, share information relevant to treatment and when appropriate, coordinate treatment services. If other purpose, please specify: ____________________________
____

Revocation

I understand that I have a right to revoke this authorization, in writing, at any time by sending written notification to ____________________________________ at the above address. I further understand that a revocation of the authorization is not effective to the extent that action has been taken in reliance on the authorization.

Expiration

This release is in effect until ______________________unless otherwise specified.
(Date)

Form of Disclosure

Unless you have specifically requested in writing that the disclosure be made in a certain format, we reserve the right to disclose information as permitted by this authorization in any manner that we deem to be appropriate and consistent with applicable law, including, but not limited to, verbally, in paper format or electronically.

____

Signature of Client Date

____

Signature of Parent, Guardian or Personal Representative Date

If you are signing as a personal representative of an individual, please describe your authority to act for this individual.

____

____

____

Signature of Witness Date