



Limited Release of Information

Name of Client: _____

Address: _____

City: _____ State: _____ Zip: _____ Date of Birth: _____

Parent/Guardian: _____

Information To Be Released / Obtained:

- | | |
|--|--|
| <input type="checkbox"/> Legal Records | <input type="checkbox"/> Current Progress in Treatment |
| <input type="checkbox"/> School Records | <input type="checkbox"/> Clinical Impressions |
| <input type="checkbox"/> Nursing/Medical Information | <input type="checkbox"/> Treatment Plan or Summary |
| <input type="checkbox"/> Psychiatric Evaluation/ Testing | <input type="checkbox"/> Discharge/Transfer Summary |
| <input type="checkbox"/> Psychological Testing | <input type="checkbox"/> Presence/Participation in Treatment |
| <input type="checkbox"/> Diagnosis | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Psychotherapy Progress Notes | |

Information Shall Be Released To:

Name/Title: _____

Agency: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Information Shall Be Released By:

Name/Title: _____

Agency: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Acknowledgment and Consent

By the signature below, I (the “Client”), and if I am under eighteen (18) years of age, my parent(s) or legal guardian(s) authorize that the records, identified above regarding my treatment or me, may be disclosed to the identified professional, agency or individual identified above. This authorization for limited disclosure shall be valid from the day of signature for one year, unless a written request for revocation is submitted prior to that time. Additionally, I authorize the release or receipt of these records via computer, fax, and/or mail.

Printed Name of Client

Signature of Client

Date

Printed Name of Parent/Guardian
(If client is under 18)

Signature of Parent/Guardian
(If client is under 18)

Date

Printed Name of Parent/Guardian
(If client is under 18)

Signature of Parent/Guardian
(If client is under 18)

Date

Printed Name of Therapist

Signature of Therapist

Date