AUTHORIZATION FOR RELEASE OF INFORMATION

Client’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you want your counselor to speak with another professional or anyone else about yourself or your minor child, please complete this form. Complete a separate form for each family member and for each professional organization to whom you authorize the release of information in your client file at Goger-Cranston LLC. If you would like another agency or organization to speak with Goger-Cranston LLC about your needs, you must complete a Release of Information for that agency or organization.

In accord with my legal right to confidentiality and privileged communication relevant to services I have received, I authorize and request Goger-Cranston disclose mental health treatment information, as described below, to:

Professional/Agency/Individual Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone/ FAX:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Level of Disclosure (Please choose one):

\_\_\_\_ Summary report of services received (minimum disclosure)

\_\_\_\_ Consultation and/or verbal communication between the above named parties

\_\_\_\_ Evaluations

\_\_\_\_ Progress Notes

\_\_\_\_ Other/Specific\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that this transfer of information is for the purpose of benefitting me or my child in our services at Goger Cranston LLC.

This release of information will be in effect for the duration of my current services at Goger Cranston LLC with my counselor or will expire \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, whichever occurs first. I may revoke the release at any time by requesting and completing a Release Revocation Form.

Printed Name of Client/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Client/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_