RELEASE OF INFORMATION FORM

Client Information	Name _____ Date of Birth _____ Address _____ City _____ State _____ Zip Code _____ Phone Number_____
Clinic/Health Care Provider Who has the information to be released?	Name _____ Address _____ City _____ State ____ Zip Code _____ Phone Number_____ Fax Number _____
Receiving Party Who will the information be released to?	Name _____ Relationship to Client_____ Address _____ City _____ State _____ Zip Code _____ Phone Number_____ Fax Number _____
Information to Be Released What will be released?	□ Whether the client is in treatment or not □ Prognosis (diagnosis, opinion of how treatment will benefit client, general peculiarities of case) □ Nature of the project (Services offered, purpose and philosophy of program) □ Brief statement regarding progress (client's denial, client's understanding of their condition and the disease concept, progress or lack of progress on goals, cooperation with treatment plan and rules) □ Brief statement regarding relapse and frequency of relapse (cannot identify specific drugs)
Purpose of Release Why is information being released?	□ Referral to other services □ Coordination of care □ Consultation with Doctor □ Consultation with other mental health provider □ Transfer of care □ Other _____

Signature of Client: _____ Date: _____

Signature of Provider: _____ Date: _____

This authorization lasts for one year after the date you sign it unless you enter a different date or expiration here: _____. This authorization may be canceled in writing at any time. A copy/fax of this authorization will be treated in the same way as the original. Your signature indicates that you have read and understand this form, and authorize the release of your information as described above. You may refuse to sign this form, as it is not a requirement for treatment. If a person or entity that receives the information is not a health care provider or health care plan protected by federal regulations, the information described above may be re-disclosed, and is no longer protected by those regulations.