

Authorization for the Release/Exchange of Information

I, _____ authorize Thriving Roots Counseling, LLC to exchange with, obtain from and/or provide to:

Name: _____

Clinic/Agency: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

any or all of the following information (initial where applicable):

_____ records, _____ evaluations, _____ recommendations, _____ treatment plans, _____ progress of treatment, _____ appointment-scheduling, or, other (specify): _____ regarding:

Client: _____ DOB: _____.

The purpose of this release of information is to aid Sabrina Sheehy, LCSW in evaluation, treatment, coordination of services and/or other activities (specify): _____ on behalf of the client.

I understand that I may revoke this release at any time by submitting a written request, but that such a request will not apply to any information exchanged prior to the date of such a request being received by Thriving Roots Counseling, LLC.

Signed: _____ Date: _____

If signed as parent or guardian, state relationship. _____

Witness: _____ 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 photocopy or fax of this authorization will be treated in the same way as an original. Your signature indicates that you have read and understand this form, and authorize release of your information as described above. You understand that you may refuse to sign this authorization and that refusal to sign will not affect treatment. **FOR THE RECIPIENT OF THE INFORMATION:** This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulation (42 CFR, Part 2) prohibits you from making any further disclosure of it without specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the use or release of medical or other information is NOT sufficient for this purpose. Federal regulation also restricts any use of the information to criminally investigate or prosecute the patient.