

Release of Information Consent

Client's Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____ DOB: _____

I, _____, authorize **Alice Locke Chezar, M.A., MFT, ATR** (Lic.#MFC 44964) to
exchange information with:

Name: _____
Address: _____
City/State/Zip: _____

- | | |
|---|---|
| <input type="checkbox"/> Academic testing results | <input type="checkbox"/> Psychological testing results |
| <input type="checkbox"/> Behavior programs | <input type="checkbox"/> Service plans |
| <input type="checkbox"/> Progress reports | <input type="checkbox"/> Summary reports |
| <input type="checkbox"/> Intelligence testing results | <input type="checkbox"/> Vocational testing results |
| <input type="checkbox"/> Medical reports | <input type="checkbox"/> Entire record, except progress notes |
| <input type="checkbox"/> Personality profiles | <input type="checkbox"/> *Psychotherapy Notes |
| <input type="checkbox"/> Psychological reports | <input type="checkbox"/> Other, specify: _____ |

The above information will be used for the following purposes:

- Planning appropriate treatment or program
- Continuing appropriate treatment or program
- Determining eligibility for benefits or program
- Case review
- Updating files
- Other (specify) _____

I understand that this authorization is voluntary, and I may revoke this consent at any time by providing written notice, and after **1 year** this consent automatically expires. I have been informed what information will be given, its purpose, and who will receive the information. I understand that I have a right to receive a copy of this authorization. I understand that I have a right to refuse to sign this authorization.

Your relationship to client: Self Parent/legal guardian Personal representative
 Other (describe) _____

If you are the legal guardian or representative appointed by the court for the client, please attach a copy of this authorization to receive this protected health information.

Client's Signature: _____ Date: ____/____/____

Parent/guardian/personal representative (if applicable)
Signature: _____ Date: ____/____/____

Witness (if client is unable to sign)
Signature: _____ Date: ____/____/____