Strides in Psychotherapy

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Permission to Release Information

I hereby authorize Strides in Psychotherapy, P.C. to release the following type(s) of information:

- ☐ Verbal information
- ☐ Assessment summary
- ☐ Treatment summary
- ☐ Discharge summary
- ☐ Alcohol/Drug abuse diagnoses
- ☐ Mental health diagnoses
- ☐ Consultation with school
- ☐ Medical information
- ☐ Pregnancy status
- ☐ HIV Status
- ☐ Basic Insurance information (name, address, diagnosis, dates, fees etc.
- ☐ Insurance company treatment plan and review
- ☐ Consult with others involved in clients medical/Psychiatric treatment
- ☐ Other _____

To: _____

And to obtain the following information: _____
_____

From: _____

Purpose of disclosure: _____

I understand that I may revoke this request at any time except to the extent that action has been taken in reliance to it. Otherwise, it will be in force for the full length of treatment.

Client Name: _____

Client Signature: _____ Date: _____

Parent/Guardian's Name: (if patient is under 18) _____

Parent/Guardian Signature: _____ Date: lis_____

Witness Signature: _____ Date: lid_____

Notice to Recipient of Information: The information disclosed to you may be protected by Federal and/or State law. Federal Regulation (e.g., 42 CFR Part 2) may prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by written consent. A general authorization for the release of this information is not sufficient for this purpose. Federal rules and regulations specifically restrict disclosure or use of any drug/alcohol abuse information in these records, unless specifically indicated. There are also limits of confidentiality if a client presents an immediate, specific danger to themselves or other or property.