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## Permission to Release Information

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

- |   |   |
|---|---|
| <input type="checkbox"/> Verbal information           | <input type="checkbox"/> Medical information  |
| <input type="checkbox"/> Assessment summary           | <input type="checkbox"/> Pregnancy status   |
| <input type="checkbox"/> Treatment summary            | <input type="checkbox"/> HIV Status   |
| <input type="checkbox"/> Discharge summary            | <input type="checkbox"/> Basic Insurance information (name, address, diagnosis, dates, fees etc.) |
| <input type="checkbox"/> Alcohol/Drug abuse diagnoses | <input type="checkbox"/> Insurance company treatment plan and review                              |
| <input type="checkbox"/> Mental health diagnoses      | <input type="checkbox"/> Consult with others involved in clients medical/Psychiatric treatment    |
| <input type="checkbox"/> Consultation with school     | <input type="checkbox"/> 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: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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.