Authorization and Consent for Release of Information

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Client Name: _____ Date of Birth: _____

I hereby authorize Dr. Moller to ☑ receive, ☐ disclose or ☐ exchange information. with the person/organization listed below either verbally or in writing

Teacher(s)/School: _____ Phone: _____

_____ Fax: _____

Address: _____
Street City State Zip

Records Related to the Following:

☑ Outpatient Mental Health	☐ Case Management	☑ Educational Reports
☐ Inpatient Mental Health	☐ Substance Abuse Services	☐ Attorney Reports
☐ Partial/Day treatment Mental Health	☐ Child Protective Services	☐ Police Reports

☐ Other (specify) _____

Information to be disclosed/received:

☑ Intake/Admission	☑ Progress Notes/Reports	☐ Psychiatric Evaluations
☑ Assessment History/Reports	☑ Treatment Plans/Reviews	☐ Medical History/Records
☑ Psychological Testing/Evaluations	☑ Discharge Summary	☐ Medication Management
☑ Checklists/Behavioral Observations	☑ IEP, report cards, observations	☐ Protective Services Narrative

☐ Other (specify): _____

Date Range: DOB through current episode of care unless specified by patient

Specific Purpose for this release of information is:

☑ Assessment and Treatment ☐ Coordinating Care/Services ☐ Other: _____

Expiration: This consent may be revoked at any time, except to the extent that the disclosure has already occurred. If not previously revoked, this consent will expire one year from the date indicated below. Information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by the Federal Privacy Rules.

- *I understand I have the right to inspect and receive a copy of the material to be disclosed, as required under HFS 92.05 and 92.06*

This *Authorization and Consent for Release of Information* has been fully explained to me. I have been offered a copy of this form. This authorization includes treatment records accumulated after my signature through the expiration date of this consent form. I acknowledge that I am the client, or the legal representative of the client, and I agree that my drawn or generated signature is a legally binding equivalent to my handwritten signature

Client Signature: _____ Date: _____
(if Minor, parent or guardian signature required)