

AUTHORIZATION FOR RELEASE OF INFORMATION

CLIENT/FAMILY NAME: _____ PHONE: _____
ADDRESS: _____

I, the undersigned, authorize Murphy Counseling and Therapy Services, L.L.C. to:
RELEASE TO, SECURE FROM, or EXCHANGE WITH: _____
(agency, person(s), or organization)

Information from the records of _____ the following information:

(Client name)

- | | | |
|--|--|---|
| <input type="checkbox"/> Diagnosis Assessment/LPHA | <input type="checkbox"/> Termination/Treatment Summary | <input type="checkbox"/> Evaluation/Testing Results |
| <input type="checkbox"/> Substance Abuse Treatment | <input type="checkbox"/> Mental Health Treatment* | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Standardized Measurement Tool | <input type="checkbox"/> HIV/AIDS Information | |

The purpose for this disclosure is to facilitate effective treatment service coordination. A photocopy or exact reproduction of this form for release of information shall have the same effect as the original. This authorization will automatically expire one year from the date of signature unless a shorter period is specified (specific number of days/months or date): _____

I understand that I may revoke this authorization at any time, except to the extent that information has already been released as authorized by giving written notice to Murphy Counseling and Therapy Services, L.L.C.

I understand that I have the right to review the disclosed information by contacting Murphy Counseling and Therapy Services, L.L.C.

Once this authorization has expired or has been revoked, it can be renewed only by proper execution of another authorization. I acknowledge that information to be released may include material that is protected by state and/or federal law, including applicable mental health, alcohol/drug abuse, HIV/AIDS information, or all of these.

My signature authorizes release of only the information specified above. I understand that information authorized by this consent cannot be released to anyone than those listed above unless I give written permission.

Printed Name of Client / Parent / Legal Guardian

Signature of Client / Parent / Legal Guardian

Date Signed

Relationship to client