



Date: _____
Requested By: _____
ID #: _____

INFORMED CONSENT FOR RELEASE OF INFORMATION

I _____, DOB _____, hereby consent to the disclosure of the specific information listed in this document.

TO: _____
Name and address of agency and/or person receiving information

Address City State Zip Code

Telephone Number Email Address (optional)

FROM: _____
Name and address of agency and/or person providing information

Address City State Zip Code

For the Following Purpose(s):

- Assessment Rehabilitation Program Planning
 Treatment Planning Other _____
Select One: Complete Record Specific Timeframe: Start Date _____ End Date _____

Check all that apply

- The following information may be released from my record: Written _____ Oral _____
 Social History
 Medical History
 Evaluation Progress Notes
Evaluation, Treatment Plans, and/or Reports in the following area of rehabilitation:
 Psychological
 Vocational
 Therapy (specify) _____
 Other (specify) _____

I, the undersigned, understand the information disclosed may include reference to or treatment of physical illness, emotional illness, developmental disabilities, alcohol abuse, drug abuse, and /or HIV.

This consent will expire exactly one year from the date of signature, unless otherwise stipulated. If to expire prior, this consent shall remain in effect until ____/____/____. I understand this authorization is subject to revocation at any time to be honored upon written notification to the releaser by the signee or person authorized by the signee. I understand that I have the right to request copies of the released material and that the confidentiality of my records is protected by law. My refusal to consent will not result in denial or limitation of services. We will not re-disclose confidential information.

X _____ /____/_____
Signature Date
X _____ /____/_____
Signature of parent or legal guardian * Date

I understand that checking this box confirms that by entering my electronic signature in the space above, this constitutes a legal signature confirming that I acknowledge that I have read and understand the information provided in this document.

◆ **Note:** When the client is an adult and a legal guardian's signature is provided, proof of legal guardianship is required.

A photocopy or fax of this consent is as valid as the original.