

RELEASE OF INFORMATION

Client Name _____ SSN _____ DOB _____

I authorize Journey of Life Psychological, Inc.

to release information to the following person/agency to obtain information from the following person/agency

Name/Agency _____ Relationship to Client _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____ Alternate Number _____

PURPOSE and LIMITS

Collaboration Continuity of Care Billing Other _____

Limits _____

INFORMATION to be EXCHANGED

Agency, physician, or hospital records Financial records Re-release of other's medical records

Correspondence Medical records of therapy sessions Therapy notes for the therapist

Drug and alcohol history, diagnosis, and treatment* Psychological evaluations Other _____

Educational records Raw test data and testing materials

I understand that my signature authorizes the release of this information only between the above-named persons or agency. I understand that except to the extent that action has already been taken based on my authorization, I may withdraw this authorization at any time by written notice. I understand that this authorization shall remain in effect for one year (365 days) from the date of the signature below, unless I specify an earlier date as indicated _____ . I understand that my therapist may not make signing a release of information a condition for therapy unless the services are provided for the purpose of creating health information for a third party.

Signature of Client/Parent/Legal Guardian Date

Signature of Therapist Date

*This information has been disclosed to you from records whose confidentiality may be protected by federal and/or state law. If the records are so protected, Federal Regulation (42 CFR, part 2) prohibits you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 CFR, part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client.