

2803 Boilermaker Court, Suite 1C 219-286-7043 (O) 219-246-4655 (F) Valparaiso, IN 46383

## Request/Consent to Release Confidential Information

Person/Facility				
Address:				
Phone/Fax:				
From health records about (Name):				
Date of Birth (MM/DD/YYYY):				
or the following purpose(s):				
Further mental health evaluation, treatment, or continuity of care				Consultation or Coordination of Care
Rehabilitation program, development, or services				Treatment Planning
	Research			
				Other
	xes belo	ow, and the iter	ms	Other
Research  pecific or approximate date(s) of service	xes belo	ow, and the ite		Other  not to be released have a line drawn through
Research  pecific or approximate date(s) of service	xes belo	T	th e	Other  not to be released have a line drawn through evaluations
Research  pecific or approximate date(s) of service	xes belo	Mental Healt	th e	Other  not to be released have a line drawn through evaluations
Research  pecific or approximate date(s) of service	xes belo	Mental Healt	th e	Other  not to be released have a line drawn through evaluations  cords
Research  pecific or approximate date(s) of service		Mental Healt  Educational I  Progress Not	Re-	Other  not to be released have a line drawn through evaluations  cords  and/or Treatment Notes/Closing Summary
Research  pecific or approximate date(s) of service	nead at t	Mental Healt  Educational I  Progress Not	Re-	Other  not to be released have a line drawn through evaluations  cords  and/or Treatment Notes/Closing Summary

I understand and or have had explained to me this request and consent for release of confidential records and information, including the nature of the records, their contents and the implications or consequences of their release. I understand I may withdraw my consent prior to the time information is actually shared. This consent will expire automatically after one year from the date on which it is signed, or upon fulfillment of the purposes stated above.

Authorizing a one-time release	Authorizing ongoing consultation	
Client Signature & Date	Printed Name	
Parent/Guardian Signature & Date	Printed Name and Relationship	
Witness Signature & Date	Printed Name	