



Consent to Release Information

Client Name: _____ Date of Birth: _____

I authorize: Ebtide Counseling to exchange confidential information concerning the above-named client with the following:

Agency _____

Contact _____

Mailing Address _____

City _____ Zip _____

Phone _____ Fax _____ Email: _____

I authorize:

Informal communication regarding all client information between both parties.

AND/OR Copies of the following documents to be mailed/faxed to the agency listed above

Copies of the following documents to be mailed/faxed to Ebtide Counseling

Limited verbal communication (no copies) related only to the following records (Check which documents are authorized to be released)

- | | |
|---|---|
| <input type="checkbox"/> Bio-Psychosocial Evaluation Psychiatric Evaluation | <input type="checkbox"/> Medical History & Physical Individual Education Plan |
| <input type="checkbox"/> Transcripts | <input type="checkbox"/> Progress Summary |
| <input type="checkbox"/> Licensed Evaluation | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Medication Management | <input type="checkbox"/> Discharge Review |
| <input type="checkbox"/> Behavioral Treatment Plan/Reviews | |

Purpose of Release:

Assessment Treatment Coordination Other, specify: Notification of compliance with court-ordered treatment (e.g., DCF, DJJ)

I understand that I may refuse to sign this Authorization and that my refusal to sign will not affect my ability to obtain treatment from Ebtide Counseling.

I understand that if I am court-ordered into treatment and refuse to allow Ebtide Counseling to share information with those responsible for monitoring my compliance with mandated treatment, this may result in negative consequences imposed by the court.

I understand that I may revoke this authorization in writing at any time, however I cannot revoke authorization for action that has already been taken.

A copy of this release shall be valid as the original.

THIS CONSENT EXPIRES 1 YEAR FROM THE DATE SIGNED UNLESS OTHERWISE SPECIFIED.

Client/Legal Guardian Signature

Date