CONSENT TO RELEASE INFORMATION

I, _____ (Birthdate) _____, do hereby give consent for InsideOut Counseling to release/exchange information to the individual /entity listed below:

Name: _____

_____

Address:_____

_____

Phone: _____ Fax:_____

I understand that the nature of the information to be released is limited to: (check all the apply)

- ☐ Diagnostic Intake
- ☐ Name
- ☐ School Records
- ☐ Psychosocial History
- ☐ Educational Assessments
- ☐ Consultation Reports
- ☐ Treatment Plans
- ☐ Psychological Evaluations
- ☐ Progress Notes
- ☐ Psychiatric Evaluations
- ☐ Other (Specify) _____

This information is to be released/exchanged for the purpose of:

- ☐ Continuity of care
- ☐ Solicitation of support
- ☐ Treatment planning
- ☐ Legal purposes
- ☐ Educational Planning
- ☐ Other (specify)_____

This consent is valid for _____ days, I understand the contents of the information to be released/exchanged and realize that, execpt for the information specified above, confidentiality will be maintained unless prior written consent is given by me for further information to be disclosed. I acknowledge that this consent at any time except to the extent that action has already been taken.

_____ _____

Client Signature (parent/Legal Guardian Date

_____ _____

Witness Signature Date