**AUTHORIZATION FOR THE RELEASE OR EXCHANGE OF INFORMATION**

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Information To Be Released or Exchanged With (full name):

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your relationship to the person we can contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number of the person we can contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address of the person we can contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Information To Be Released or Exchanged (select all that apply):

* History and Physical Exam
* Discharge Summary
* Psychiatric Evaluation
* Psychological Test Results
* Chemical Recovery History
* Dates of Hospitalization
* Court/Agency Documents
* Mental Status
* Treatment Plans
* Progress Notes
* Therapist Orders
* Diagnoses
* Crisis Intervention Reports
* Medical Records
* Family Systems Evaluation
* Nursing Notes
* Consultation Reports
* Educational Records
* Educational-Tests and Reports
* Attendance Record
* Psychosocial Report
* Lab results

Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This authorization shall become effective immediately and expire in one year from its effective date. A scanned copy, photocopy, or fax of this form is to be considered as valid as original. Authorization of disclosure of your mental health information to someone who is not legally required to keep it confidential may be redisclosed and may not be protected.

**Your Rights:**

1. You may refuse to sign this authorization.
2. You have the right to revoke this Authorization by writing to the Avedian Counseling Center Executive Director, Anita Avedian. The status of your revocation will go into effect after which time it has been received by the Executive Director and will not extend to information already obtained or released prior to the revocation.
3. You may receive a copy of this authorization upon request.

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Your Signature Date