

CLARKSTON FAMILY THERAPISTS, LLC

5639 Sashabaw Road

Clarkston, MI 48346

(248) 922-9077

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

This is an authorization to release information from the records of:

Full Legal Name Date of Birth

Address

FROM
____ The individual or organization named below is authorized to communicate with and release information to Clarkston Family Therapists, LCC. The information will be used for the purpose of continued assessment, training and planning.

TO
____ Clarkston Family Therapists, LLC is authorized to communicate with and release specified information to the individual or organization named below.

Identification of Individual/Organization:

Name: _____

Address: _____

Specific Information:

- Psychological Evaluation Social History
- Treatment Summary/Progress Medication Information/Recommendation
- Substance Abuse History/Treatment Discharge Summary
- School Testing & Performance Records
- Other (specify) _____

This authorization includes alcohol and drug abuse records protected under the regulations in Code 42 of Federal Regulations, Part 2, if any psychological service records, if any social services records, if any; psychiatric records, if any; records of Human Immunodeficiency Virus (HIV) testing including results, if any; records of treatment for Acquired Immunodeficiency Syndrome (AIDS), ARC (AIDS Related Complex), if any; and records of communicable disease, if any; to the individuals or organizations and for the conditions listed above.

Permission:

Recipient/Parent/Guardian Date Witness Date

This consent is subject to revocation at any time except in those circumstances in which the program has taken certain actions on the understanding the consent will continue unrevoked until the purpose for which the consent was given shall have been accomplished. However, any consent given shall have a duration no longer than 6 months or until the end of the current treatment period.