

Release of Confidential Information

I authorize the exchange of protected health information (PHI) indicated below concerning:

_____ (Name) _____ (Date of Birth)

My relationship to the above is (check one): ___ Self ___ Minor Child

Type of protected health information (PHI) to be shared, in addition to demographic information:

- | | |
|--|--|
| <input type="checkbox"/> School Testing Results | <input type="checkbox"/> Psychological Test Results |
| <input type="checkbox"/> Classroom performance | <input type="checkbox"/> Progress Notes or Summary Letter |
| <input type="checkbox"/> Psychotherapy Notes** | <input type="checkbox"/> IEP Summary |
| <input type="checkbox"/> Decree of Custody/Divorce | <input type="checkbox"/> Entire Record |
| <input type="checkbox"/> Medical Records | <input type="checkbox"/> Recommendations from Psychologist |
| <input type="checkbox"/> Any information relevant to the coordination of treatment | |
| <input type="checkbox"/> Mental Health Assessment | |
| <input type="checkbox"/> Ongoing verbal communication between psychologist and _____ | |
| <input type="checkbox"/> Other: _____ | |

****If this authorization is for psychotherapy notes, it may not authorize the use or disclosure of any other type of PHI.**

This information may be shared between:

Child and Family Solutions Center
33493 West 14 Mile Road, Suite 130
Farmington Hills, Mi 48331
(248) 851-5437

and

This authorization will end on the following date: _____

This authorization will end when the following event happens:

I understand that I may revoke this authorization at any time by giving written notice to my therapist. I understand that I cannot revoke this authorization for any actions taken before receipt of my written notice to revoke this authorization. I further understand that my right to treatment is not conditioned on my signing this authorization.

Signature of client or responsible party: _____ Date _____

Witness _____ Date _____

If this authorization is for a minor child or incapacitated adult, indicate your relationship to the individual:
___ Parent ___ Legal Guardian or Foster Parent