The Center for Relational Change

Healing Hearts | Empowering Minds | Restoring Spirits

www.CenterforRelationalChange.com

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Authorization for Release/Exchange of Information

This form provides your therapist at The Center for Relational Change with written permission to communicate with other individuals regarding your treatment (i.e. previous therapist, current health care provider, etc.).

I, _____, authorize _____to release and/or exchange information about my therapy services with the following party:

Name/Relation:_____

Address:_____

Telephone Number:_____

Information to be Released or Exchanged (checked all that apply)

_____Intake and history _____Diagnosis and Treatment Plan _____Verbal Consultation

_____Treatment Progress _____Discharge Summary _____Billing and Payment

_____Other (specify):_____ _____All of the above

This release shall be valid until the termination of treatment or until withdrawn in writing by the client during the course of treatment.

Client Name (please print):_____

Client Signature:_____

Parent Signature (if under 18):____

Date:__________________________