

General Release of Information

I, _____, (DOB _____) authorize CarePoint Christian Counseling to:

DISCLOSE the following information:

- Initiation and attendance in counseling only
- Summary of treatment, including diagnosis, services, and prognosis
- Counseling records, including diagnosis, treatment plan, progress notes
- Drug/alcohol information
- Other (specify): _____

and RECEIVE the following information:

- Medical records and summary of treatment
- Psychiatric evaluation and summary of treatment
- Discharge summary
- Educational assessment, test reports, and records
- Alcohol and/or drug information records
- Other (specify): _____

To/From: _____ (Name)
_____ (Address)
_____ (City, St, ZIP)
_____ (Phone No., Fax No.)

For the purpose of:

- Continuity of care and consultation
- Educational planning
- Psychiatric / Psychological evaluation

This release of information is valid for one year from date of signature. I understand that I am under no obligation to sign, but am aware that failure to sign might result in the receiving party having limited information for planning and providing services. I understand that this release can be terminated at any time by submitting a written statement stating my desire (information previously disclosed excepted). I understand I have the right to inspect / copy the information to be disclosed. I understand that this information may be transmitted in written, verbal, and/or electronic form.

Signature of client (required if client is 12 yrs or older) Date

Signature of parent (required if client is under 18 yrs) Date

Counselor / Witness Date