



FOR THE RELEASE OF PROTECTED MENTAL HEALTH INFORMATION

By signing this form, confidential mental health information can be released to and/or discussed with the people or agencies listed below unless there are any noted exclusions or limitations. This form is signed voluntarily and you may make changes at any time. All disclosures made pursuant to this form are valid as long as they were made before the date of revocation.

I, _____, specifically authorize the release/exchange/receipt of the following
First Name Last Name

(Client must initial each item):

- A&D treatment records (If initialed, specific consent below must be signed)
- Identifying Information Mental Health treatment records
- Lab Reports Psychiatric Evaluation(s)
- Discharge Summary Progress Notes
- Consultation(s) Other _____

This information will be shared between **Chrissy Zimmerman, LPC, ATR, CADCI** and:

Name: _____ Address: _____
Phone #: _____ Fax #: _____ City: _____ State: _____ Zip: _____

The purpose(s) for this disclosure of information is

- Diagnosis and Evaluation Referral/Consultation
- Treatment Planning Coordinate Aftercare/Continuation of Care
- Parent/Partner Consult Other _____

Exclusions or Limitations to what information will be shared is listed here: _____

By signing below, I acknowledge that I have read and understand this document and that I have voluntarily given my authorization to **Chrissy Zimmerman** to disclose my records. I also understand that I may revoke this Authorization at any time by providing a written notice.

Please refer to the Notice of *Health Information Privacy Practices* for more detailed information. This consent form will expire one year following the date signed unless revoked by you in writing or upon the happening of an event or condition as listed on the following date: _____

Signature of Client: _____	Date: _____
Signature of Authorized Representative (State relationship to patient/client) or Witness (if signature is mark.) _____	Date: _____

Witness: _____ Date: __/__/__ Client Copy Received: Yes
 Declined copy