

Consent for the Release of Information

Jennifer Brosenitsch, LPC

I hereby authorize Jennifer Brosenitsch, LPC and

Name/Agency: _____

Address: _____

Phone Number: _____

to release information to and from one another from the records of

Name of Client: _____ Date of Birth: _____

For the purpose of: (please initial)

Follow up after therapy terminates

Consultation regarding therapy and/or coordination of treatment and care

Other: _____

Exchange of information may include: (please initial what you are comfortable with sharing)

Specific discussion about my counseling and progress of my therapy, including treatment plans.

Specific discussion about my addiction issues if applicable

Information about my medical health, including HIV/AIDS if applicable

Information about medications I am taking/have taken for medical and psychiatric reasons.

Information about a psychiatric evaluation or psychological testing.

Information about my psychiatric hospitalization and/or discharge summary.

Information about my school behavior, academics, and teachers' concerns.

Observation and sign for service.

Other: _____

For your doctor (Primary Care Physician)

I **GIVE** permission for Jennifer Brosenitsch, LPC to send a letter to my doctor indicating that I am participating in outpatient therapy.

I **DO NOT** give permission for Jennifer Brosenitsch, LPC to inform my doctor of my participation in therapy.

I have been told that, in order to protect the limited confidentiality of records, my written agreement to obtain or release information is necessary and that this permission is limited for the purposes and persons listed above and will be effective during the dates below. State and federal law restricts any further disclosure of this information without prior written consent.

If I desire to revoke this authorization, I need to submit my request in writing to Jennifer Brosenitsch, LPC.

The consent shall be in effect from _____ to _____

Client Signature

Date

Parent/Guardian Signature

Date

Witness

Date