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## AUTHORIZATION FOR RELEASE OF INFORMATION

Client Name \_\_\_\_\_ Client Date of Birth \_\_\_\_\_

Parent/Guardian Name (if applicable) \_\_\_\_\_

I hereby authorize South Shore Child and Family Counseling, LLC to disclose/obtain from to the following:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Description of information to be disclosed (Check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Assessment/Diagnosis                | <input type="checkbox"/> Progress in treatment               |
| <input type="checkbox"/> Psychosocial information/evaluation | <input type="checkbox"/> Educational information             |
| <input type="checkbox"/> Treatment plan or summary           | <input type="checkbox"/> Continuing care plan                |
| <input type="checkbox"/> Current treatment update            | <input type="checkbox"/> Presence/participation in treatment |
| <input type="checkbox"/> Demographic information             | <input type="checkbox"/> Discharge/transfer summary          |
| <input type="checkbox"/> Medication management information   | <input type="checkbox"/> Other:                              |

### PURPOSE

The purpose of this release of information is to improve assessment and treatment planning, share information relevant to treatment, and, when appropriate, coordinate treatment services. If other purpose, please specify:

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### REVOCATION

I understand that I have a right to revoke this authorization at any time by sending written notification to South Shore Child and Family Counseling, LLC. I further understand that a revocation of the authorization is not effective to the extent that action has been taken in reliance on the authorization.

### EXPIRATION

Unless sooner revoked in writing, this consent expires one year from the signing of this document.

### FORMS OF DISCLOSURE

I understand that unless I have specifically requested in writing that the disclosure be made in a certain format, SSCFC reserves the right to disclose information as permitted by this authorization in any manner that we deem to be appropriate and consistent with applicable laws, including, but not limited to verbal, paper, and electronic format.

Signature (Client or Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_