

CONSENT TO RELEASE INFORMATION

I, (client or legal guardian) _____ hereby give my permission for (therapist), _____, 4222 E. Camelback Rd., Ste 230H, Phoenix, AZ 85018 to release all pertinent psychological, psychiatric, medical, and /or educational information concerning (client) _____, age _____ to the following: Name _____ Phone _____ Address _____

***** I, (client or legal guardian) _____ hereby give my permission for (name and agency), _____, to release to (therapist) _____ 4222 E. Camelback Rd., Ste 230H, Phoenix, AZ 85018 all pertinent psychological, psychiatric, medical, and /or educational information concerning (client) _____, age _____.

- NATURE OF INFORMATION TO BE DISCLOSED:
____ Summary and evaluation of attendance and effort
____ Summary of services provided
____ Diagnosis and treatment plan
____ Psychological testing
____ Attendance only
____ Other _____

- PURPOSE OF DISCLOSURE:
____ To assist in diagnosis and treatment planning
____ To provide report to referring person to assist in continuing care.
____ To permit case management (including reimbursement determinations) and processing of benefit claims.
____ Other _____

This authorization is valid for a period of _____ days from the date indicated below.

I may revoke this consent at any time except to the extent that action has been taken in reliance upon it. If I do not revoke it, this consent will expire one (1) year after I have terminated treatment with all providers affiliated with PPA.

Signature _____ Relationship _____
Date of Consent _____ Witnessed by _____

NOTICE TO RECIPIENT OF INFORMATION

This information has been disclosed to you from records the confidentiality of which may be protected by federal and /or state law. If the records are so protected, Federal Regulation (42 CFR Part 2) prohibits you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for the purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.