

Resolutions

Individual, Couple and Family Therapy

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Wichita, Ks 67212

(316) 721-8118

Fax: (316) 721-8139

Release of Confidential Information

In accord with my legal right to confidentiality and privileged communication relevant to the services that I have received, I authorize and request the disclosure of confidential information to and / or from Resolutions Individual, Couple and Family Therapy, LLC to the individual / agency listed below:

Individual / Agency Name

Address

Office Telephone

Office Fax

I hereby authorize Resolutions to:

Disclose information to Request information from Exchange information with

I understand that this information will be used for the purpose of:

Evaluation Treatment Case Coordination Follow-up care Initial Attendance Only

The following documents are requested: _____

This consent expires on _____ unless revoked by me in writing at an earlier time. (If this item is left blank, the authorization shall remain effective for 365 days after the date listed below).

I issue this authorization with knowledge of the contents of the material or communication and understanding of the consequences, and do so voluntarily and free from duress or undue influence.

In accordance with federal regulations (42 CFR Part 2) which prohibit any further disclosure of this information, except with specific written consent of the person to whom it pertains, redisclosure of this information is prohibited.

Clients Full Name:

Date of Birth:

Signature of Client (If adult or own guardian)	Date
Signature of Client/Legal Guardian	Printed Name of /Client Legal Guardian & Relationship
Witness Signature	Date