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LICENSED MENTAL HEALTH COUNSELOR

LICENSED MARRIAGE AND FAMILY THERAPIST

Authorization for Release of Information

I, _____, authorize Rector Psychotherapy Services to disclose to
and/or obtain from: _____ the
following information:

Description of Information to be Disclosed

- | | |
|--|---|
| <input type="checkbox"/> Assessment Information | <input type="checkbox"/> Educational |
| <input type="checkbox"/> Information | <input type="checkbox"/> Discharge/Transfer |
| <input type="checkbox"/> Diagnosis Summary | <input type="checkbox"/> Treatment Summary |
| <input type="checkbox"/> Summary | <input type="checkbox"/> Psychosocial |
| <input type="checkbox"/> Presence/Participation in Treatment | <input type="checkbox"/> Other |
| <input type="checkbox"/> Current Treatment Update | |
| <input type="checkbox"/> Evaluation | |
| <input type="checkbox"/> Continuing Care Plan | |

Purpose

The purpose of this disclosure 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:

Revocation

I understand that I have a right to revoke this authorization, in writing, at any time by sending written notification to Rector Psychotherapy Services at 7000 East Genesee Street, Fayetteville, NY 13066. 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 and Conditions

Unless sooner revoked, this consent expires one year from the date of signing or as otherwise indicated: _____.

I further understand that Rector Psychotherapy Services will not condition my treatment on whether I give authorization for the requested disclosure.

Form of Disclosure

Unless you have specifically requested in writing that the disclosure be made in a certain format, Rector Psychotherapy Services reserves the right to disclose information as permitted by this authorization in any manner deemed to be appropriate and consistent with applicable law, including, but not limited to, verbally, in paper format or electronically.

Signature of Client

Date

Signature of Parent, Guardian or Personal Representative

Date