

## AUTHORIZATION FOR RELEASE OR EXCHANGE OF CONFIDENTIAL INFORMATION

I, \_\_\_\_\_ hereby authorize Debbi Molnar, LMFT, LPCC to:  
(Client Name)

- Release information to       Obtain information from       Exchange information with

Name \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone/FAX \_\_\_\_\_

### Specific information to be released:

- |  |  |
|--|--|
| <input type="checkbox"/> Any and/or All Information Necessary      | <input type="checkbox"/> Oral communication & consultation as needed |
| <input type="checkbox"/> Dates of treatment                        | <input type="checkbox"/> Drug and substance abuse history            |
| <input type="checkbox"/> Treatment summary                         | <input type="checkbox"/> Educational assessment/consultation         |
| <input type="checkbox"/> Letter(s) of support                      | <input type="checkbox"/> Other as specified: _____                   |
| <input type="checkbox"/> Psychological assessment/ Testing results | _____  |
| <input type="checkbox"/> Psychiatric and counseling record         | _____  |

### For the following purpose(s):

- |  |  |
|--|--|
| <input type="checkbox"/> Coordination of treatment/care                                | <input type="checkbox"/> Other as specified: _____ |
| <input type="checkbox"/> Submission for Insurance Coverage                             | _____  |
| <input type="checkbox"/> Employment, academic, legal, or administrative considerations | _____  |

I understand I can obtain a copy of this authorization. A copy of this form is as valid as the original. I understand I have the right to refuse to sign this form, and I may revoke my consent at any time (except to the extent that the information has already been released.) This revocation must be delivered in writing to each of the treatment providers listed above.

**\*\*THIS CONSENT WILL AUTOMATICALLY EXPIRE ONE YEAR FROM DATE OF YOUR SIGNATURE\*\***

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Client's Guardian

\_\_\_\_\_  
Printed Name of Client

\_\_\_\_\_  
Printed Name of Client's Guardian