



TLC Collaborative Counseling

Terry L. Chapman MSW, LICSW

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

Client Name: _____
 Date of Birth: _____ SSN: _____ - _____ - _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone #: _____

I authorize TLC Collaborative Care and Terry L. Chapman MSW, LICSW to: (Please *initial ALL* indicated areas.)

_____ Exchange with:
 _____ Release to:
 _____ Obtain from:

The requested information to be released shall consist of: _____ duplicate records and/or
 (Please *initial ALL* indicated areas.) _____ verbal information and/or
 _____ summary of other written
 information relating to my treatment.

The specific information being requested consists of: (Please *initial ALL* indicated areas to be released.)
 _____ Treatment Summary or Progress
 _____ Diagnosis
 _____ Attendance
 _____ Other: _____

For the purpose of: _____

This authorization is subject to revocation at any time except to the extent that the individual or organization instructed to make the disclosure has already taken action in reliance on it. If not previously revoked, this authorization will terminate one year from the date of signature, or on
 (Date) _____ / _____ / _____, or (event/condition) _____

Client Signature _____ Date _____
 Signature of Legal Guardian _____ Date _____
 Printed Name _____ Relationship _____
 Psychotherapist Signature _____ Date _____

Prohibition on the redisclosure of information regarding psychiatric, alcohol and other drugs, HIV/AIDS and other categories specifically protected by State and Federal laws: This notice accompanies a disclosure of patient information specifically protected by State and Federal confidentiality laws. This information was disclosed to you with the expressed written consent of the client. The law prohibits you from making any further disclosure on this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by State and Federal law. A general authorization for the release of medical or other information is NOT sufficient for this purpose. Federal laws restrict further use of the information to criminally investigate or prosecute any client.