

Release of Information

I, _____, hereby authorize
(Client, former client, parent/guardian or other authorized person)

Cynthia J. Spencer

34406 N. 27th dr. #140

Phoenix AZ 85085

- To disclose information to _____ (please circle all that apply)
- Obtain information from _____
- Exchange information with _____

Name: _____

Address: _____

City, State, Zip: _____

Regarding: _____
(Client name) (Social Security Number) (DOB)

The following information may be disclosed:

Case Summary **Discharge Summary** **Treatment Plan**

Progress Notes **Reciprocal verbal communication** **Other:**

Purpose of disclosure: _____ Expiration date: _____
(one year or less from today's date)

To the party receiving this information: If the records disclosed to you pursuant to this authorization contain information related to alcohol and/or drug abuse, HIV/AIDS related information, and/or psychiatric, mental health information, the information has been disclosed to you from records protected by federal confidentiality rules (42 C.F.R. Part 2). The federal rules prohibit you from making any further disclosure of such information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. This authorization is subject to revocation at any time by written notification to Cynthia Spencer LPC and will automatically expire at revocation date or one year from the date on which it was signed.

In consideration of this authorization, I hereby release the above parties from any legal liability resulting from the release of this information.

Signature: _____ Date: _____
(Client, former client, parent/guardian or other authorized person)

Witness: _____ Date: _____