

# CROSSROADS

## COUNSELING AND CONSULTATION Consent for Release of Confidential Information

I, \_\_\_\_\_, authorize Crossroads Counseling and Consultation

to disclose to:

to obtain from:

Person (s): \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

The following information is to be disclosed/obtained:

Name (s) of Client (s): \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security \_\_\_\_\_

Medical History  Psychosocial History

Progress Notes  Psychiatric/Psychological Report

Treatment Plan  Psychological Testing

Termination/Discharge Summary

Other (Specify): \_\_\_\_\_

This disclosure is from the period beginning \_\_\_\_\_ and ending \_\_\_\_\_ for the purpose of \_\_\_\_\_.

This consent, unless expressly revoked earlier in writing, expires on \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent of Guardian (if Client is a minor)

\_\_\_\_\_  
Relationship to Client

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

This information is disclosed from records whose confidentiality is protected by Federal Law. Federal regulations (42CFR, Part 2) prohibit any further disclosure of this information without specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

The information authorized for release may include information which may be considered a communicable disease which may include, but are not limited to, diseases such as hepatitis, syphilis, gonorrhea and the human immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS).