

RELEASE OR EXCHANGE OF INFORMATION

Amanda Holden, MA, CADC-I

Client name:

Date of birth:

Address:

Name of Professional/Organization/family member:

Address:

Phone: _____ Fax No: _____

Information released or exchanged may consist of the following:

- _____ Psychological test reports
- _____ Psychiatric Evaluation reports
- _____ Periodic reports of Psychotherapy
- _____ Social history data, family, education, employment, arrest, drug & alcohol information
- _____ Medical Information
- _____ Other (Specify)

This information will be used to determine appropriateness of treatment, develop a diagnosis and treatment plan and facilitate coordination of services.

I understand that no information may be forwarded by either party listed in this release to any other individual or agency without my written consent.

This authorization may be revoked at any time by my written statement except to the extent that authorized persons who are to disclose the information above have already taken action in reliance on it. It is automatically revoked after termination of the therapeutic relationship, or under the following conditions:

This consent was given voluntarily, without coercion.

Signature

Date