

Authorization for Release of Confidential Information

Revoked On	On the original authorization, enter the date the release was revoked, if done so prior to expiration.
Client Name	Enter the name of the Client authorizing release of information.
Date of Birth	Enter the date of birth of the Client authorizing release of information.
I hereby authorize	Name of individual or organization authorized to release information. The type of information authorized is indicated by checking the appropriate box.
Person or Agency	Enter the name of Person or Agency to whom information may be released based on this Release of Information.
Relationship	Enter the relationship to the Client of the Person or Agency to whom information may be released, for example, spouse, probation officer, another medical provider, etc.
Address of Person or Agency	Enter the Address of Person or Agency to whom information may be released based on this Release of Information.
Phone	Enter the telephone number of Person or Agency to whom information may be released based on this Release of Information.
Email	Enter the email address of Person or Agency to whom information may be released based on this Release of Information.
Fax	Enter the fax number of Person or Agency to whom information may be released based on this Release of Information.
The purpose of disclosure is for:	Check each applicable box indicating the purpose(s) of disclosure. The Client should enter their initials next to each indicated box when the form is completed, printed, and signed.
I authorize the disclosure of the following information:	Check each applicable box indicating what information may be disclosed. The Client should enter their initials next to each indicated box when the form is completed, printed, and signed.
This consent is valid for 30 days unless otherwise specified but no longer than one year.	
Date valid until:	Enter the date the authorization is good until.
Initials of client	The Client should enter their initials indicating their approval of the entered expiration date. The Client should initial the printed copy.
Signature	

(Print Name of Client)	Enter the name of the Client.
(Print Name of Parent/ Guardian)	Enter the name of the Client's Parent or Guardian, if applicable, as they will be signing the form.
(Date)	Enter the date the Client signs the authorization.
(Date)	Enter the date the Parent or Guardian signs the authorization, if applicable.
(relationship to the client)	Relationship of the Parent or Guardian signing the authorization to the client.
Save copy as PDF	Clicking this button creates a pdf of the completed form with the appropriate time stamp. The pdf should be saved to the local machine or network with the client name or whatever appropriate details your agency requires. The pdf along with a completed referral can be emailed, faxed, printed to refer the client to the target agency.