

**RELEASE OF INFORMATION: CONSENT TO REQUEST &/OR RELEASE INFORMATION**

I, \_\_\_\_\_, authorize \_\_\_\_\_  
\_\_\_ to receive information released from: \_\_\_\_\_ to release information to:

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(Name of individual or organization)

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(Address/Phone/Fax)

**The following information from records:**

\_\_\_ Entire Record      \_\_\_ Progress Summaries      \_\_\_ Consultation reports  
\_\_\_ Discharge Summaries      \_\_\_ Psychological Reports      \_\_\_ Intake Assessments  
\_\_\_ Verbal interchange regarding treatment concerns &/or coordination of services  
\_\_\_ Other: \_\_\_\_\_

**About:**

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dates of treatment: \_\_\_\_\_ SSN: \_\_\_\_\_

**Purpose and need for disclosures:**

\_\_\_ Continuation of treatment      \_\_\_ Billing or insurance request  
\_\_\_ Attorney or court request      \_\_\_ Other: \_\_\_\_\_

I understand such information cannot be disclosed without my written informed consent unless otherwise provided by law. I further understand that information to be disclosed may include treatment of psychiatric, substance abuse, and HIV/AIDS related illnesses. I agree that information may be faxed for expediency. I have the right to revoke this authorization in writing at any time. If not revoked this consent will remain in effect until \_\_\_\_\_.

Date/reason for termination of authorization to release records: \_\_\_\_\_

X \_\_\_\_\_ /\_\_\_\_/\_\_\_\_      \_\_\_\_\_ /\_\_\_\_/\_\_\_\_  
Client Signature      Date      Parent/Guardian/POA Signature      Date

\_\_\_\_\_ /\_\_\_\_/\_\_\_\_  
Witness      Date

Further release of information disclosed by the above authorization is prohibited by the Michigan Mental Health Code (Public Act 258 of 1974 as amended, sections 748, 749, and 750). The released information may not be copied, shared, or re-released, except as consistent with the authorized purpose stated above. This authorization is in compliance with Title 42 of the Code of Federal Regulations Part II, which also prohibits disclosure.