Authorization for Release/Exchange of Information

Client legal name _____ Date of birth _____

authorizes (check therapist given authorization):

- (●) Kristen Santel, LISW-S
- ( ) Cassie Campbell, MSW, LISW
- ( ) Maeve Rising, LISW
- ( ) Danielle Weatherholtz, LPCC-S
- ( ) Jande Thomas, LPC
- ( ) Nicki Cristina, LPCC
- ( ) Jonathan Sherman, LISW
- ( ) Katherine Pontious, MSW, LSW
- ( ) Claire Miller, MSW, LSW
- ( ) Emily Hunter, MSW, LSW
- ( ) Deborah Cannon, MSW, LISW
- ( ) Molly Boggs, LPCC
- ( ) Kelly Chambers, LPCC
- ( ) Amanda Keller, LPCC
- ( ) Kimberly Morales, LISW-S
- ( ) Kathleen Gibbs, LPC
- ( ) Autumn Eckstein, MSW, LSW
- ( ) Haley Gniadek, MSW, LSW
- ( ) SWT/CT: _____

to release/exchange my medical information to/with:

_____

(specific person/organization/entity authorized to receive/exchange information)

The information to be released is:

- ☐ Verbal Narrative Summary of Treatment
- ☐ Diagnostic Assessment
- ☐ Treatment Plan
- ☐ Written Summary of Treatment
- ☐ Bio/Psychosocial History
- ☐ Family History/Family Dynamics
- ☐ Session Notes**
- ☐ Other _____

**Session Notes do not include psychotherapy notes which may be kept for the use of the therapist in ongoing treatment. A separate release is required for psychotherapy notes. Exceptions to information to be released:

_____

This Authorization will expire upon termination of treatment. I understand I have the right to shorten the authorization period if noted here: _____ (date of expiration). I understand I have the right to revoke this authorization in writing at any time and that the revocation will be effective except to the extent that my therapist has already taken action in reliance on this authorization. I also understand that once the information is released it may no longer be covered by law and may be re-disclosed by the recipient.

_____ _____ _____

Signature of client Date signed Printed name

Note: This information has been disclosed to you from records whose confidentiality is protected from disclosure by State and Federal Law, ORC 5122.31, 45 CFR Part 2, and/or OR 3701.243, prohibiting you from making any further disclosure of it without the specific informed release of the individual to whom it pertains, their authorized representative, or as otherwise permitted by law. A general authorization for release of information is not sufficient for this purpose.