

**RELEASE OR EXCHANGE OF INFORMATION**

*Amanda Holden, LPC, CADCI*

Client name:

Date of birth:

Client 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:

\_\_\_\_\_ termination of therapy relationship

This consent was given voluntarily, without coercion.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Amanda Holden, LPC, CADCI

\_\_\_\_\_  
Date