Authorization to Release Psychiatric Records

Patient Name	Birthdate

I hereby authorize the following release:

ONE WAY: ☐_____Client Initials
Turning Point Counseling, its agents, employees, or servants may disclose my psychiatric and/or psychological records and information obtained in the course of my diagnosis and treatment at this facility to:

Name	Agent/Facility/school/physician
Street Address	Phone ( )

MUTUAL EXCHANGE: ☐_____Client Initials
Who may, in turn, release psychiatric and /or psychological records and information to Turning Point Counseling. Personal contact, including phone calls and face-to-face meetings, may be initiated by either party when deemed necessary, within the time-frame specified.

Purpose (s) of Release

Such disclosures shall be limited to the following specific information.

☐ Discharge Summary ☐ Psychiatric history & Medical Status ☐ Lab Reports

☐ Progress notes & Brief Review ☐ Result of psychological tests ☐ Education Assessment & Reports

☐ _____

This consent is subject to revocation by the undersigned at any time, except to the extent that action has been taken in reliance thereon and if not earlier revoked it shall terminate on _____.

Release or transfer of the disclosed information to any person or entity not specified herein is prohibited by law. An additional consent must be obtained for further transfer or information.

I understand that I have the right to receive a copy and this authorization if I so request. (A copy is valid as the original).

I am fully aware that certain state and federal statues and regulations require that I voluntarily sign this document before Turning Point Counseling can release any records, and that I may refuse to sign my signature, but in that event the records cannot and will not be released by the Turning Point Counseling. I free both above named parties of any liabilities if ever I revoke my decision to release the data.

Patient Signature	Date	Witness Signature	Date
Parent/Guardian/Responsible Party Signature	Date	Therapist/Physician Signature	Date