

Daylight Counseling, PLLC

RELEASE/EXCHANGE OF CLIENT INFORMATION

I _____ hereby authorize Marilyn Kistler, MA, LPC, his/her director or designee Daylight Counseling, PLLC to release information contained in my client records to the following individual(s) and /or organization, and only under the conditions listed below:

1. Name of person(s), organization, and address to whom disclosure/exchange is to be made:

2. Specific type of information to be disclosed/exchanged: (Client initials next to each checked box)

- | | | |
|-------------------------------------|---|---|
| <input type="checkbox"/> Diagnosis | <input type="checkbox"/> Drug/Alcohol History | <input type="checkbox"/> Treatment Summary/Reason for Closing |
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Mental Status Exam | <input type="checkbox"/> Recommendations |
| <input type="checkbox"/> Progress | <input type="checkbox"/> Physical Examination | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Prognosis | <input type="checkbox"/> Discharge/Summary/Date | _____ |

3. The purpose and need for such disclosure/exchange: (Clinician check appropriate boxes)

- | | | |
|--|---|-----------------------------------|
| <input type="checkbox"/> Continuity of Treatment | <input type="checkbox"/> Aftercare Planning | <input type="checkbox"/> Referral |
| <input type="checkbox"/> Contact w/ Referring Supervisor | <input type="checkbox"/> Family Involvement | |
| <input type="checkbox"/> Other:/Job Stability/Union Representation | _____ | |
- _____

THIS CONSENT IS SUBJECT TO REVOCATION AT ANY TIME. IF NOT PREVIOUSLY REVOKED THIS CONSENT WILL TERMINATE UPON: (Specific date, event or condition)

_____/_____/_____
Date

Event: _____

Condition: _____

Client (Parent/Guardian) Signature

_____/_____/_____
Date

Witness

_____/_____/_____
Date

This client information release authorization form is prepared in accordance with the authority specified in Public Act 56 of 1973 and is in compliance with Title 42 of the Code of Federal Regulation, Part II. Authorized disclosure is inclusive of mental health and alcohol or drug abuse information as specified.

As of this date, I hereby revoke the consent provided on this authorization forth.

Client (Parent/Guardian) Signature

_____/_____/_____
Date