AUTHORIZATION TO DISCLOSE & RECEIVE CONFIDENTIAL INFORMATION

This form, when signed by you, authorizes the release of protected information from your clinical record to the person or company you designate.

- **I authorize:** Linda Macek, LCSW-C/Life Changes Counseling, LLC
- **To release the records of:**

  Client Name: _____ DOB: _____
- **Information to be exchanged (verbal & written)**

  Check all that apply:

  ☐ Evaluation ☐ Attendance ☐ Recommendation
  ☐ Compliance
  ☐ Treatment Progress ☐ Completion of treatment ☐ Summary of treatment
  ☐ Recommendations ☐ Services received & fees due ☐ Treatment Plan
- **Information to be disclosed to/exchanged with:**

  Name of individual or organization: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Phone #: _____ Fax #: _____ Email: _____

Relationship to above: ☐ Spouse/Partner ☐ Primary Care Physician ☐ Psychiatrist
☐ Parent ☐ Probation/Parole Officer ☐ Attorney
☐ Other family member: _____ ☐ Other: _____

- **The purpose of this disclosure is:**

☐ Family Involvement ☐ Diagnosis & Treatment Planning ☐ Legal Issues
☐ EAP Collaboration ☐ Education or Employment issues ☐ Coordination of Treatment Services

- **This authorization will expire**: 90 days after the last attended session unless otherwise specified: Other expiration date or event: _____

You may revoke this authorization at any time by providing me notification in writing,

except to the extent that I have already taken action in reliance on it.

My signature indicates that this authorization is given freely, voluntarily, and without coercion. I understand that I have the right to refuse to sign it.

Signature of Person Giving Consent: _____ Date: _____

Relationship to Client (if applicable): _____

Therapist's Signature as Witness: _____ Date: _____

This information has been disclosed from medical records, whose confidentiality is protected by federal law. Federal Regulation 42 CFR Part 2 prohibits you from making any further disclosure without written consent from the person to who it pertains, or as otherwise permitted by the regulations. A general authorization for the release of medical records is NOT sufficient for this purpose. Federal rules restrict use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.