

# REQUEST FOR RELEASE/EXCHANGE OF CLIENT INFORMATION

I, \_\_\_\_\_, hereby authorize \_\_The Moore Institute\_\_\_\_\_ to release/exchange 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:

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**ATTENTION:** \_\_\_\_\_

2. Specific type of information to be disclosed/exchanged:

- |                                     |                                               |                                            |
|-------------------------------------|-----------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Diagnosis  | <input type="checkbox"/> Drug/Alcohol History | <input type="checkbox"/> Treatment Summary |
| <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    |                                            |

3. The purpose and need for such disclosure/exchange:

- |                                                           |                                             |
|-----------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Continuity Of Treatment          | <input type="checkbox"/> Aftercare Planning |
| <input type="checkbox"/> Contact W/Referring Professional | <input type="checkbox"/> Referral           |
| <input type="checkbox"/> Family Involvement               | <input type="checkbox"/> Other:             |

THIS CONSENT IS SUBJECT TO REVOCATION AT ANY TIME EXCEPT TO THE EXTENT THAT THE COUNSELOR HAS ALREADY TAKEN ACTION IN RELIANCE ON IT. IF NOT PREVIOUSLY REVOLKED, THIS CONSENT WILL TERMINATE UPON:

**Date:** \_\_\_\_\_ **Event:** \_\_ Completion of complaint process\_\_ **Condition:**  
\_\_\_\_\_

\_\_\_\_\_  
**CLIENT (PARENT/GUARDIAN) SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**WITNESS SIGNATURE**

\_\_\_\_\_  
**DATE**

This client information release authorization form is prepared in accordance with the authority specified in Public Act 56 of 1973. This form is in compliance with Title 42 Of The Code Of Federal Regulation, Part II.

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As of this date, I hearby revoke the consent provided on this authorization form.