ASPIRE
WELLNESS

Authorization for Release/Exchange of Information

This form provides your therapist with written permission to communicate with other individuals regarding your treatment.

I, _____, authorize:_____
to release and/or exchange information about my case with the following parties:

Name: _____ Relation: _____

Address: _____

Phone Number: _____ Fax: _____

Information to be Released or Exchanged (check all that apply)

_____ Intake and history
_____ Diagnosis and Treatment Plan
_____ Verbal Consultation
_____ Other
_____ Treatment Progress
_____ Discharge Summary
_____ Billing & Payment
_____ All of the Above

This release shall be valid until the termination of treatment or until withdrawn in writing by the patient during the course of treatment.

Patient Name: _____

Signature/Date: _____

Parent Signature if under 18: _____

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