



AUTHORIZATION TO RELEASE + CONSENT TO EXCHANGE INFORMATION

I/ We, _____, I am/ are the (Check one):

- Self
- Parent(s)
- Legal Guardian
- Agent Acting Pursuant to a Power of Attorney, for

(Name of person/ minor) _____ Date of Birth _____

My mailing address, phone and e-mail is:

AUTHORIZATION

I authorize the following agencies and individuals to exchange confidential information pertaining to above named person/ minor:

Schwartz Therapy + Wellness, P.C., 30800 Telegraph Road, Ste. 1775, Bingham Farms, MI, 48025, Mallory Schwartz, MA, LLPC, Owner/ Therapist, Phone: 248.629.0709, Fax: 248.645.1808, E-mail: mallory@schwartztherapy.com

And

(Agency Name, Title and name of Specific Staff Contact Person or Designee)

SOURCE + TYPE OF INFORMATION

My consent to the exchange of information (except drug or alcohol abuse diagnosis or treatment information) may apply to the following sources of information:

- Diagnosis
- Attendance
- Prognosis
- Medication Review
- Emergency Only
- Mental Status Exam
- Intake/ Assessment
- School Records-Specify: _____
- Treatment Summary
- Treatment Progress
- Discharge Summary
- Psychiatric Evaluation
- Other information that may be released or exchanged (specifically): _____

The form of information that may be exchanged (initial all that apply): ___ Written ___ Verbal ___ Computerized Date

This information may be exchanged for the following purposes: (initial all that apply):
___ Court Order ___ School Order ___ Other, specify: _____

ACKNOWLEDGEMENT

I have read + understand this authorization and consent will remain in effect until I revoke it by notifying the agencies or individual orally or in writing. This will stop the exchange of information authorized by this document. I understand that I have the right to know what information is being exchanged, and why, when, and with whom it was shared. At my request, the named agency or individuals will show me this information. A copy of this signed authorization + consent is valid to exchange information. If I do not sign this form, information will not be exchanged, and I will have to contact each agency individually.

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____