



301 East Carmel Drive, Suite D100  
Carmel, Indiana 46032

**CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION**

I, the undersigned, authorize and request Dr. Byrd of Carmel Psychology to release and/or obtain the following specific information pertaining to the treatment of \_\_\_\_\_ (Date of Birth: \_\_\_\_\_)

to/from:

Person/Organization: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

I authorize Carmel Psychology to (check all that apply):  
 Exchange with  Release to  Obtain from the party listed above

I authorize Carmel Psychology to exchange/release/obtain information:  
 Verbally only  Written form only  Both verbally and in writing

Description of health information to be exchanged/released/obtained (initial all that apply):  
\_\_\_\_ Psychological Evaluation  
\_\_\_\_ All Progress Notes/Appointment Records  
\_\_\_\_ Treatment Summary  
\_\_\_\_ Medical History  
\_\_\_\_ School Records  
\_\_\_\_ Drug/Alcohol Records  
\_\_\_\_ Other: \_\_\_\_\_

The specific purpose of this disclosure:  
 Coordinate Care/Treatment Planning  
 Transfer Care  
 Academic Planning  
 Legal Proceedings  
 Other: \_\_\_\_\_

I understand that my signature on this form is voluntary and that not signing will not affect the ability to receive treatment at this practice. I understand that this release will expire in 180 days, unless revoked by me which I have the right to do at any time. I understand that any revocation will not apply to any PHI that has already been released in reliance to this authorization and to PHI created expressly for disclosure to the person/entity listed above. I understand that any questions I have about the use or disclosure of this PHI can be directed to Carmel Psychology at any time.

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

To the recipient of client records/information: This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.