

**CONSENT TO RELEASE AND/OR REQUEST INFORMATION**

SHERRI SNYDER, MA, LMHC  
31 HASTING STREET, MENDON, MA 01756  
TELEPHONE: (508) 473-1200

Client's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Soc Sec #: \_\_\_\_\_ Sex:  F  M

I authorize Sherri Snyder, MA, LMHC to:  obtain from  provide to

Contact Name	Address	Facility/School/Office	Phone

**The following information:**

- |   |  |
|---|--|
| <input type="checkbox"/> Psychiatric Evaluation           | <input type="checkbox"/> Drug & Alcohol History & Treatment            |
| <input type="checkbox"/> Admission/Intake Assessment      | <input type="checkbox"/> Thyroid, Amylase, Iron Glucose, CBC,LFT, EKG, |
| <input type="checkbox"/> Consultation Reports             | <input type="checkbox"/> Comprehensive Metabolic Panel, Bone Density   |
| <input type="checkbox"/> Psychological Testing            | <input type="checkbox"/> Progress Notes                                |
| <input type="checkbox"/> Medication Record                | <input type="checkbox"/> Clinical Summary                              |
| <input type="checkbox"/> Discharge Summary                | <input type="checkbox"/> Clinical Communication/Coordination           |
| <input type="checkbox"/> HTV/AIDS/STD History & Treatment | <input type="checkbox"/> Phone Communication                           |

This information will be used for the following purposes:

- Evaluation  Coordinating Care  Other \_\_\_\_\_

**Authorization Signature**

1. I hereby authorize the release of the above requested information to/by Sherri Snyder, MA, LMHC. I understand that once this office discloses the information the person or organization I am unable to retract my authorization. Privacy laws may no longer protect it, especially related to safety..

2. I understand that this consent will be valid until revoked by me in writing (by letter to the office or on this form) and that a copy may be used in place of the original.

Client Signature: \_\_\_\_\_

Guardian/Parent: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_