Deerfield Township Family Counseling Center, LLC

7567 Central Parke Blvd, Suite E, Mason, OH 45040

Phone: (513) 770-3231 Fax: (513) 770-5541 deerfieldtwpfamilycounseling.com

RELEASE OF INFORMATION

I, ______________________, parent or guardian of minor child, ___________________
(Parent or guardian) (Minor Child's Name)

authorize Deerfield Twp. Family Counseling Center, LLC to obtain and/or provide the following information____

___________________________________ to _________________________________

for the purpose of ______________________________________ I understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent shall expire 90 days from the date of my signature, unless another date is specified.

Specification of the date, event, or condition upon which consent expires:____________

Patient's Social Security Number: ____________________ Date of Birth:____________

Please check appropriate type(s):____release information to ___ obtain information from:

____
Name

____
Address

____
Phone Secure Fax

____________________________________ ____________________________________
Parent or Guardian signature Date Witness/staff signature Date

____
Minor child, if over 14 Date

Records requests require 7 business days to process. Records will only be released with legal proof of identification. If it applies, custody records must be on file or provided at the time of request.