

Donna Bartlett, LCSW, LCAS, C.MHt., CLBLt

Group and Individual Psychotherapy/Addictions Counseling/Transpersonal Hypnotherapy

Life Coaching for Personal and Professional Success

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CONSENT FOR RELEASE OF INFORMATION

Client Name _____

DOB/SS# _____

This form when completed and signed by you, authorizes the release of protected information from your clinical record to the person you designate. I authorize Donna Bartlett, LCSW, LCAS, CMHt to:

____ **OBTAIN FROM:** ____ **RELEASE TO:** _____

Check all that apply:

- | | | |
|---------------------------------|----------------------|--------------------------|
| ____ Biopsychosocial Assessment | ____ Case Management | ____ Clinical Assessment |
| ____ Discharge Summary | ____ Lab Reports | ____ Psychological Eval |
| ____ Medical Records | ____ Medical Notes | ____ Progress |
| ____ Treatment Plan | ____ Other _____ | |

The following information from my client record will be used for the purpose of:

Dates of treatment covered by this release: ____ **ALL** prior episodes of care

____ **LIMITED** to the following dates/program: _____

____ **ONGOING** communication: I authorize reciprocal information exchange.

I understand that the records to be released may contain information pertaining to psychiatric, medical, sickle cell, alcohol/drug abuse treatment, and/or HIV/AIDS related information.

I agree that a copy of this authorization will be as valid as the original. I understand that I may revoke this authorization at any time, except to the extent that information has already been released.

I understand that applicable federal and state law, the information disclosed under this authorization may be subject to further disclosure but the recipient and thus, may no longer be protected by federal regulations.

I understand that my current or future treatment by Donna Bartlett, LCSW, LCAS, CMHt is in no way conditioned on whether or not I sign this authorization and that I may refuse to sign.

The information to be obtained or disclosed was fully explained to me and this consent is given of my free will.

- *This release will expire one year from today's date* _____.

Client Signature _____

Date _____

Parent/Guardian/Conservator/Legal Representative _____

Date _____

Witness signature _____

Date _____