

CONSENT FOR RELEASE/ EXCHANGE OF INFORMATION

Name (Printed) _____

Social Security Number _____ DOB _____

Phone Number _____

I hereby authorize a representative from:

Dimensions Family Therapy 2302 Hurstbourne Village Dr., Suite 300, Louisville, KY 40223
and the related personnel Phone – 502-491-9720 Fax 502 – 491-9721

to release/exchange information with the below named person/agency/healthcare provider:

Name/Agency _____

Address _____

Phone _____ Fax _____

It is acknowledged that this is a reciprocal agreement and permission is given to both parties to exchange information.

Information Needed:

- All Records
- Telephone Contact
- Course of Treatment
- Hospital Stay
- Discharge Summary
- Termination Summary
- School Records
- Psychological Evaluations
- Social History
- Alcohol/Drug Treatment & Assessments
- Mental Health Services & Assessments
- Lab/EKG

Other _____

As the person signing this consent, I understand that I am giving my permission to the above named provider or other named third party for disclosure of confidential health records. I also understand that I have the right to revoke this consent, but that my revocation is not effective until delivered in writing to the person who is in possession of my records. A copy of this consent and notation concerning the person or agencies to whom disclosure was made will be included with my original records. The person who receives records to which the consent pertains may not redisclose them to anyone else without my separate written consent unless such recipient is a provider who makes a disclosure permitted by law. I understand that the information to be released may contain information from other providers, confidential information, information related to drug/alcohol abuse/treatment and/or psychiatric mental health information. I authorize the release of the information.

Patient Signature Date

Parent/Legal Guardian

_____ Printed	_____ Signature
_____ Contact phone number	_____ Date of release

Consent expires 1 year after today's date unless another date is specified _____