



## AUTHORIZATION TO RELEASE/EXCHANGE INFORMATION

\_\_\_\_\_  
Name of Client

\_\_\_\_\_  
Date of Birth

I, \_\_\_\_\_, hereby authorize The Green Room (hereinafter "Provider") to disclose/exchange mental health treatment information and records obtained in the course of psychotherapy treatment, including, but not limited to therapist's diagnosis, of the client listed above to:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Fax

\_\_\_\_\_  
City State Zip

I am requesting this disclosure of information and records for the following purpose:

At the request of the individual  Other: \_\_\_\_\_

The specific uses and limitations of the types of health information to be released are as follows:

(Check all that apply)

Treatment Coordination  Diagnostic Refinement  
 Treatment Planning  Other: \_\_\_\_\_

Such disclosures shall be limited to the following specific types of information:

Psychiatric diagnosis(es)  Initial Treatment Plan  
 Dates of Treatment  Full Treatment Record  
 Treatment Summary  Other: \_\_\_\_\_

This authorization shall remain valid until: \_\_\_\_\_ (not to exceed one year)

I understand that I have a right to receive a copy of this authorization. I understand that any cancellation or modification of this authorization must be in writing. I understand that I have the right to revoke this authorization at any time unless Provider has taken action in reliance upon it. And, I also understand that such revocation must be in writing and received by Provider to be effective.

Provider shall not condition treatment upon my signing this authorization and I have the right to refuse to sign this form. I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by the HIPAA Privacy Rule, although applicable California law may protect such information.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Legal Guardian, Relationship to Client

\_\_\_\_\_  
Date