

Clare M. Rountree, Ph.D., LLC

www.rountreepsychology.com dr.Clare@routreepsychology.com

AUTHORIZATION TO *RELEASE/OBTAIN* CONFIDENTIAL INFORMATION

NAME OF CLIENT/YOUTH: _____

CLIENT'S BIRTHDATE: ____/____/____

I, _____, hereby agree that Clare M. Rountree, Ph.D., LLC

may:

Release Obtain information about me/consumer to/from the following organization(s) or individual(s):

(client or parent/legal guardian's initial)

(name)

(address, city, state, zip)

The form in which this information will be shared (check appropriate box):

written verbal phone fax

This information includes:

Substance use information: yes not applicable

(client or parent/legal guardian's initials)

HIV/AIDS information: yes not applicable

(client or parent/legal guardian's initials)

*If either of the above information is to be obtained, specific benefits, risks, and alternatives need to be addressed

Purpose for information:

Specific information requested:

Benefits: Assist in treatment planning and service coordination and delivery.

Risk: Confidential information may be shared, physical and sexual abuse and neglect will be reported to CPS; serious harm to self or others will be reported to appropriate persons; confidentially can be superceded by Court Order.

Alternative: Not to release information.

For the person(s) providing consent:

- This consent has been made freely, voluntarily and without coercion
- I was able to ask questions and receive answers about this release
- I hereby authorize obtaining the information as specified above and further

understand that

*Those who receive this information cannot disclose it to others without my further consent, unless permitted by Federal OR State law

*I may withdraw this consent anytime before the information is released

Consent expires on this date(check one): One year from signing Other date: _____

Printed name of person(s) Providing consent:	Relationship to client/youth:	
Signature(s) of person(s) Providing consent: X	Date:	
Signature of Client: X	Date:	
Signature of provider obtaining consent:	Title of provider obtaining consent:	Date:

This consent is withdrawn effective on this date: _____ Signature of client or parent/legal guardian: _____

7/27/13 *Original to Clare M. Rountree, Ph.D., LLC

*Copy for Provider and to File