

Release of Information Consent

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I, _____ authorize _____ to:
____ (Send) ____ (Receive) the following ____ (to) _____
(from) the following agencies or people:

Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Name: _____

Address: _____ City: _____ State: ____ Zip: _____

- | | |
|---|--|
| <input type="checkbox"/> Academic testing results | <input type="checkbox"/> Psychological testing results |
| <input type="checkbox"/> Behavior programs | <input type="checkbox"/> Service plans |
| <input type="checkbox"/> Case notes | <input type="checkbox"/> Summary reports |
| <input type="checkbox"/> Intelligence testing results | <input type="checkbox"/> Vocational testing results |
| <input type="checkbox"/> Medical reports | <input type="checkbox"/> Entire record |
| <input type="checkbox"/> Personality profiles | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Progress reports | _____ |
| <input type="checkbox"/> Psychological reports | _____ |

The above information will be used for the following purposes:

- Planning appropriate treatment or program
- Continuing appropriate treatment or program
- Determining eligibility for benefits or program
- Case review
- Updating files
- Other (specify) _____

I understand that I may revoke this consent at any time by providing written notice, and after one year this consent automatically expires. I have been informed what information will be given, its purpose, and who will receive the information.

Client's signature: _____ Date: ____/____/____

Parent/guardian signature: _____ Date: ____/____/____

Witness (if client is unable to sign): _____ Date: ____/____/____

Person informing client of rights: _____ Date: ___/___/___