

CORNERSTONE

Psychological Associates, PLLC

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Request/Authorization to Release Confidential Records and Information

I, _____, hereby authorize the exchange of information

between _____, Therapist, at the above address and

_____, Phone: _____

Person or Facility

Address: _____

regarding _____, born on, _____

and whose Social Security number is _____, for the following purpose(s):

- Further mental health evaluation, treatment, or care Rehabilitation program development or services
 Treatment planning Research Other: _____

These records concern the time between _____ and _____.

The information to be disclosed is marked by an X in the boxes below, and the items not to be released have a line drawn through them. Page numbers are indicated when appropriate.

- Intake and discharge summaries Medical history and evaluation(s) Mental health evaluations
 Developmental and/or social history Educational records
 Progress notes, and treatment or closing summary Other: _____

HIV-related information and drug and alcohol information contained in these records will be released under this consent unless indicated here: Do not release.

I have had explained to me and fully understand this request/authorization to release records and information, including the nature of the records, their contents, and the consequences and implications of their release. This request is entirely voluntary on my part. I understand that I may take back this consent at any time within one year, except to the extent that action based on this consent has already been taken. This consent will expire automatically after one year from the date on which it is signed, or upon fulfillment of the purposes stated above. I understand that a photocopy of this form is as valid as the original.

Signature of client or parent/
guardian/representative

Printed name / Relationship

Date

I witnessed that the person understood the nature of this request/authorization and freely gave his or her consent, but was physically unable to provide a signature.

Signature of witness

Printed name

Date