

RELEASE OF INFORMATION FORM

I, \_\_\_\_\_, (Name of client), authorize Kate Heitzler to disclose:

- \*Diagnosis
- \*Evaluation notes/ Summary
- \*Treatment plan/summary
- \*Medication Management information
- \*Presence/ Participation in treatment
- \*Progress in treatment

Purpose

The purpose of this disclosure of information is to coordinate treatment services, improve assessments and treatment planning, and sharing information relevant to treatment.

Revocation

I understand that I have the right to revoke this authorization in writing at any time by sending written notification to Kate Heitzler. I further understand that that a revocation of the authorization is not effective to the extent that action has been taken in reliance on the authorization.

Form of Disclosure:

Unless you have specifically in writing that the disclosure be made in a certain format, we reserve the right to disclose information as permitted by this authorization in any manner that we deem to be appropriate and consistent with applicable laws, including but not limited to, verbally, in paper format, or electronically

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Signature of Client date

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Signature of parent or guardian date

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Signature of Therapist date