Authorization For Release of Information

Holly Maddy, LLC
328 Thomas More Parkway #102
Crestview Hills, KY 41017

Name:

Social Security #: Date of Birth:

I authorize and give this consent voluntarily. I have been informed of the specific type of information that has been requested and the benefits and disadvantages of releasing information that has been explained to me. I also understand that the provision of services is not contingent on my decision concerning this release of information.

From/To: Holly Maddy LLC	To/From:
☐ Holly Maddy LCSW, LISW-S	
☐ Stefani McElheney LMFT	
☐ Mark Switzer LCSW, LISW	Address:
328 Thomas More Parkway #102	
Crestview Hills, KY 41017	
Phone: (859) 431-6333; Fax: (859) 341-0310	Phone: Fax:

Type of Information to be released:

- ☐ Psychological Evaluation
- ☐ Progress in Treatment
- ☐ Progress Notes
- ☐ Treatment Plans
- ☐ Treatment Info. Which may include information concerning HIV/AIDS
- ☐ Drug, Alcohol Assessments
- ☐ Drug, Alcohol Treatment Notes
- ☐ Letter Summarizing Treatment
- ☐ Other

Amount of Information to be released:

- ☐ Information covering the most recent admission
- ☐ Other time frame_____

Purpose for Release:

- ☐ Report client progress
- ☐ To obtain collateral information in treatment of this client
- ☐ Verify client attendance
- ☐ Other_____

Time Limits of Release: This Authorization expires in 365 days or_____

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal Regulations prohibit you from making any further disclosure of this information without the specific written consent of the person to whom it pertains or as otherwise permitted by Federal Regulations. The general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Signature of Client: Date:

Signature of Client's Parent/Legal Guardian: Date:

Witness : Date:

Revocation of Release: This Release is subject to revocation at any time except to the extent that the program which is to make the disclosure has already taken action in reliance on it.

Signature of Client/Parent/ Legal Guardian: Date: