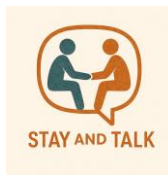


Clinician name: Tyler Zenz, MA, LAC, GC-C



Phone: 605-929-4900

Email: Tyler@stayandtalk.com

Release of Information

Full Name _____

Date of Birth (MM/DD/YYYY) _____

Phone Number _____

Email Address (optional) _____

I, _____ (client name), authorize Tyler Zenz, MA, LAC, GC-C at *Stay and Talk, LLC* to release and/or obtain the following information:

- Verbal Communication
- Written Records
- Assessment Summary
- Attendance Confirmation only
- Other: _____

Specific authorization for substance use treatment records

- I authorize the release of information related to substance use disorder treatment services.

Dates of information to be released:

- All records
- From _____ to _____

- Release information to the person/organization listed below
- Obtain information from the person/organization listed below
- Both release and obtain information

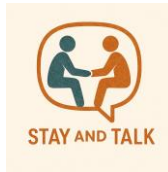
Information may be exchanged with (Name of person) _____

Name of organization _____

Phone Number or Email _____

Relationship to You (e.g., spouse, PO, parent, etc.) _____

Clinician name: Tyler Zenz, MA, LAC, GC-C



Phone: 605-929-4900

Email: Tyler@stayandtalk.com

Purpose of Release

- Coordination of care
- Referral or treatment planning
- Legal/court involvement
- Other: _____

I understand that:

- I can revoke this authorization at any time in writing.
- This authorization will expire one year from today, unless I specify an earlier date below.
- I have the right to refuse to sign this form, and services will not be denied solely because I choose not to release information.
- I acknowledge that once information is released, it may no longer be protected under federal privacy laws if the recipient is not subject to HIPAA regulations

Limitations of Disclosure

Authorization to release information generally includes summaries of treatment participation, attendance, progress toward goals, and relevant clinical recommendations. Psychotherapy notes, detailed session notes, and personal reflections from counseling sessions are typically not released unless specifically authorized or required by law

Expiration Date (if different than one year): _____

Printed name _____

Signature _____

Date _____

For official purposes:

Counselor signature _____ Date Received _____

Date revoked _____

Client Revocation Signature _____