



# Authorization to Release Information

I understand that Sunnyside Therapy, PLLC, has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow Sunnyside Therapy, PLLC, to release some of my personal information to certain individuals or agencies.

I, \_\_\_\_\_, authorize Sunnyside Therapy, PLLC, to share the following specific information with:

Name of Agency, company, organization, and/or Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

The information may be shared (circle one): in person    by phone    by fax    by mail    by e-mail

What info about me will be shared:  
(for example: name, dates of service, any documents, general progress) \_\_\_\_\_

\_\_\_\_\_

Why I want my info shared:  
(for example: "to receive benefits", or "to help school assess for IEP") \_\_\_\_\_

\_\_\_\_\_

I understand:  
I do not have to allow Sunnyside Therapy, PLLC, to share my information. Signing a release form is completely voluntary. That this release is limited to what I write above. If I would like Sunnyside Therapy, PLLC, to release information about me in the future, I will need to sign another written, time-limited release.

That releasing information about me could give another agency or person information about my location and would confirm that I have been receiving services from Sunnyside Therapy, PLLC.

That Sunnyside Therapy, PLLC, may not be able to control what happens to my information once it has been released to the above person or agency, and that the agency or person getting my information may be required by law or practice to share it with others.

This release expires on \_\_\_\_\_  
Date

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Witness: \_\_\_\_\_