

RELEASE OF INFORMATION FORM

I _____ give authorization to:

Kimberly Miller, LISAC, LCSW
to release information to :

The purpose of this disclosure is:

and the only specific information I authorize the release of is:

This authorization will expire one year from the date signed. I understand that I have the right, however, to revoke this authorization at any time except to the extent that disclosure has already been made in reliance upon it.

Parent/Guardian (for minors)

Date

Parent/Guardian (for minors)

Date

Client

Date

*** TO THE PARTY RECEIVING THIS INFORMATION: This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations (42 CFR 2) prohibit you from making any further disclosure of it without specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

