Gentle Path Therapy Services
338 West, 300 North Suite #4
Hyde Park, UT, 84318

(435)523-3718

Gentle Path Therapy Services
Transforming Lives

Release/Exchange Confidential Records and Information

_____ _____
Name of Client Date of Birth

I, _____, hereby authorize *Gentle Path Therapy Services* to disclose/exchange information and records with the following facility/person:

Facility/Person Name: _____ Phone:_____

Mailing Address:_____

Email Address:_____ Fax:_____

For the following purpose(s):

- ❑ Further mental health evaluation, treatment, or care
- ❑ Research
- ❑ Rehabilitation program development or services
- ❑ Treatment planning
- ❑ Written & Verbal Communication
- ❑ Other:_____

These records concern the dates between _____ and _____. (mm/dd/yyyy FORMAT)
START DATE 1 YEAR - END DATE

In the boxes below, the information to be disclosed is marked by an X or check mark. page numbers are indicated when appropriate. Written dates indicate when those records were mailed to the requester.

- ❑ Intake and discharge summaries
- ❑ Medical history and evaluation(s)
- ❑ Mental Health Evaluation
  Developmental and/or social history
- ❑ Educational records
- ❑ Progress notes, and treatment or closing summary
- ❑ Written & Verbal Communication
- ❑ Other:_____

Indicate what request is being made:

- ❑ Please forward the records to the address in the letterhead at the top of this form.
- ❑ Please forward the records to the address written above.

I have had explained to me and fully understand this request/authorization to release records and information, including the nature of the records, their contents, and the likely consequences and implications of their release. This request is entirely voluntary on my part. I understand that I may take back this consent at any time within 1 year, except to the extent that action based on this consent has already been taken. This consent will expire automatically after 1 year from the date on which it is signed, or upon fulfillment of the purposes stated above.

_____ _____ _____
Signature of Client (18 or Older) Print Name Date

_____ _____ _____
Print Name Relationship to Client Signature of Legal Guardian (minor)

_____ _____ _____
Signature of Witness (Office Staff Use Only) Print Name Date

I witnessed that the person understood the nature of this request/authorization and freely gave his or her consent