Moving Forward Therapy Services LLC
Tara L. Thomsen, MS, LIMHP, LPC
11060 Oak Street, STE 2 Omaha, NE 68144
Ph. 402-933-8998 Fax 402-933-9091

AUTHORIZATION TO RELEASE, OBTAIN, OR EXCHANGE INFORMATION

I hereby give permission to ____release, ____exchange, or ____obtain information regarding (client's full name) ____________________________________ (date of birth) _____________ to be used for the purpose of ________________________________. The specific information (checked below) is to be disclosed by (or exchanged between):

Moving Forward Therapy Services LLC
Tara Thomsen LIMHP
11060 Oak Street Suite 2
Omaha, NE 68144
Ph. 402-933-8998 Fax. 402-933-9091

To (and): Person and/or facility____

Address____

____

____

Phone____________________________ Fax ___________________________

Email ____

I authorize the release or exchange of the following kinds of information:

__ IDI report (initial diagnostic interview)
__ Summary of assessment and treatment
__ Summary of substance abuse assessment and or treatment information.
__ Psychological testing information
__ Educational Evaluation
__ All available information
__ The following information _____________________________________
__ Specific dates or period of services? _________________ to____________________

I understand that I am authorizing the release of *confidential* information. This statement of consent can be revoked in writing at any time before disclosure of the information and shall remain in effect until withdrawn or cancelled by me in writing. I understand that treatment cannot be conditioned on my willingness to sign this authorization and I also understand that this information will not be disclosed to another party without my written consent.
This consent will automatically expire 1 year from the date signed below. ____________________
Expiration of release of info

_______________________________________ _________________________________ _________________
Signature Printed Name Date

_______________________________________ ______________________
Relationship. to Client _

_______________________________________ _________________
Witness Date Date