Client Name: _____ DOB: _____

Transform Within Wellness Center, LLC

700 Commerce Drive, Suite 295 (p) 651-442-8214
Woodbury, MN 55125 (F) 651-435-7844

Authorization for Release of Information

I hereby give my authorization for _____

To:
_____ disclose to
_____ obtain/receive from
_____ exchange with

Communication Type:
_____ written
_____ verbal

_____ _____
Person/Agency Phone Number

_____ _____
Address Fax Number

_____
City, State, Zip Code

The following information for the purpose of confidential use in services for the above client:

__ Termination/discharge/treatment summary
__ Psychological assessment/evaluation/testing
__ Treatment plan
__ Admission/Intake information
__ Family/Social history
__ Medical history/assessment/evaluation
__ Court/legal records
__ Other: _____
__ All Dates of Treatment
__ Progress reports/treatment plan reviews
__ Psychiatric assessment/evaluation
__ School records/IEP, assessment/evaluation
__ Case/progress notes
__ Financial/health insurance information
__ Specific Dates/years of treatment: _____

Under state law, the below requires specific consent:

__ Chemical history, symptoms, and recommendations
__ Collateral information for chemical dependency assessment
__ Chemical Dependency assessment/Rule 25 Assessment
__ Chemical Dependency Assessment Summary
___ Psychotherapy Notes

for the purpose of confidential use in the evaluation and/or treatment of:

_____ _____
Name Birth date

_____
Address City/State Zip Code

I understand that my/our records are protected and cannot be disclosed without my/our written consent unless otherwise provided by law. This consent will expire one year from the date of the signature unless terminated sooner or extended longer by my/our written request. I understand that once health information is disclosed to a third party, Transform Within Wellness Center, LLC does not have control over that information and it can be re-disclosed by that third party. I have the right to inspect and receive a copy of my treatment records that may be disclosed to others, as provided under applicable state and federal laws.

Client/Guardian **Date:**

Witness Signature **Date:**