



AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I, _____, hereby authorize The Human Aspect LLC to
Print name of client or representative

a) send to and / or b) receive from

Agency or Person

Address _____ Phone _____

written or verbal confidential and privileged information regarding

Client's Name _____ Date of Birth _____ Social Security Number _____

The following information may be released/obtained

<input type="checkbox"/> Physical Exam	<input type="checkbox"/> Medications
<input type="checkbox"/> Medical Exam	<input type="checkbox"/> Progress Notes
<input type="checkbox"/> Psychological Evaluation	<input type="checkbox"/> Summary of Treatment to Date
<input type="checkbox"/> Psychiatric Evaluation	<input type="checkbox"/> Discharge Summary
<input type="checkbox"/> Social History	<input type="checkbox"/> Other _____
<input type="checkbox"/> Scholastic Record	

and will be used for the purpose(s) of _____

I understand that a) this information may be protected by federal, state or local law and that I have no obligation to disclose this information; b) I may revoke this Authorization by notifying The Human Aspect LLC in writing at any time, except to the extent that information has been released already in reliance hereon; c) this Authorization may be less restrictive than the Consent already in effect; and d) I may receive a copy of this Authorization and a copy of this Authorization will accompany the release information provided to the aforementioned person or agency. Having read or having had it explained to me, I understand fully the contents and purpose of this Authorization.

Signature of client age 14 or older _____ Date _____ Witness Signature _____ Date _____

Signature of parent or guardian of client under age 14 _____ Date _____

Relationship to client _____

IN ACCORDANCE WITH FEDERAL REGULATIONS (42 CFR Part 2) and PENNSYLVANIA STATE REGULATIONS: This information has been/is being disclosed to you/us from records whose confidentiality is protected by Federal and State Law. Regulations limit our/your right to make any further disclosure of this information without the prior written consent of the person to whom it pertains.

This authorization will expire on _____ or one year after the date of execution, whichever comes first.