



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

\_\_\_\_\_ Physical Exam

\_\_\_\_\_ Medical Exam

\_\_\_\_\_ Psychological Evaluation

\_\_\_\_\_ Psychiatric Evaluation

\_\_\_\_\_ Social History

\_\_\_\_\_ Scholastic Record

\_\_\_\_\_ Medications

\_\_\_\_\_ Progress Notes

\_\_\_\_\_ Summary of Treatment to Date

\_\_\_\_\_ Discharge Summary

\_\_\_\_\_ Other \_\_\_\_\_

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.