



AUTHORIZATION FOR RELEASE & EXCHANGE OF INFORMATION

Client Name: _____ Date of Birth: _____

I hereby give my permission to The TNC Psychotherapy Group, PLLC to release, or request from a third party, information contained in my medical record. I understand that my medical record may contain information concerning my psychiatric, psychological, and/or related conditions, and that under law these records are classified as privileged and confidential and cannot be released to me or those designated by me or my legal guardian without an expressed and informed consent. In addition, I understand that those records will not be released to entities other than those designated by me or my personal representative or otherwise provided in federal law.

I authorize the release/exchange of information from/with:

Name: _____

Address: _____

Phone: _____

The type of information to be disclosed/requested, either verbally or written, is as follows:

To Be Released * from TNC Psychotherapy Group, PLLC

___ Intake Information

___ Progress Notes

___ Treatment Plans

___ Recommendations

___ Mental Health Information

___ Diagnosis/Prognosis

___ Other (Specify): _____

To Be Requested * from third parties

___ Treatment Plans

___ Progress Notes

___ Health/Medical/Academic Records

___ Psychological/Psychiatric Evaluations/Assessments

___ Court Documents

___ Reccomendations

___ Other (Specify): _____

**Content presented during a private counseling session (“progress notes”), may be protected from disclosure under the HIPAA Privacy Rule.*

___ (initial) I understand that The TNC Psychotherapy Group, PLLC will release only the minimum amount of information necessary to fulfill a request.

___ (initial) I understand that I have the right to withdraw my authorization at any time except to the extent that action has already been taken pursuant to the authorization. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to The TNC Psychotherapy Group, PLLC.

