ARCHER MANESS
Psychotherapy

Release of Information

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AUTHORIZATION FOR RELEASE OF INFORMATION

Complete this form if you would like me to share information with, or receive information from, other people or organizations, such as a physician, another therapist, a school, an attorney, or a court. List up to four below. Unless noted, the information and purpose checked apply to each party listed.

Client name | Date of birth

I authorize Archer K. Maness, M.Ed., LPC, to release information to (R), obtain information from (O), or exchange information with (E) each party below, as checked:

	Person or organization	Role / relationship	Phone	Fax	R	O	E
1					☐	☐	☐
	Address		Email				
2					☐	☐	☐
	Address		Email				
3					☐	☐	☐
	Address		Email				
4					☐	☐	☐
	Address		Email				

Information to be disclosed (check all that apply):

- ☐ Dates of attendance
- ☐ Assessment and recommendations
- ☐ Verbal consultation
- ☐ Evaluation report and results
- ☐ Diagnosis
- ☐ Records received from others
- ☐ Treatment summary / progress
- ☐ Substance use information
- ☐ Other (describe below)

Other information, limits, or notes

Purpose of disclosure:

- ☐ Coordination of care
- ☐ Requested by referral source
- ☐ Legal / court proceedings
- ☐ Other (describe below)
- ☐ At my request

Other purpose | Expires on (date or event); if blank, one year from signing

I understand that: (1) I may revoke this authorization at any time by giving written notice, except to the extent that action has already been taken in reliance on it; (2) my treatment, payment, or eligibility for services will not be conditioned on signing this form, except where the purpose of an evaluation is to provide a report to the requesting party; (3) information disclosed under this authorization may be re-disclosed by the recipient and may no longer be protected by federal privacy regulations; and (4) I have the right to receive a copy of this authorization. If the client is under 18, a parent or legal guardian must sign; adolescents are encouraged to sign as well.

Client signature (typing your full name serves as your electronic signature) | Printed name | Date

Parent / legal guardian signature (REQUIRED if client is under 18) | Printed name and relationship to client | Date