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Release of Information Form

In order to assure a comprehensive level of care for clients, it is necessary to consult other professionals that are a part of your treatment team. This can include physicians, psychiatrists, past therapist and other professionals that can help you to achieve your treatment goals.

I, _____ (name of client) consent and authorize for _____ (name of therapist) to discuss my mental health treatment records and information which may include diagnosis, treatment goals, progress, concerns and other related mental health information to the following individual:

Name of party information is to be released to

Contact number for this individual

Please choose the following:

The above parties may discuss my mental health information without limitations

The above parties may discuss my mental health information with the following limitations; _____

Information is to only be exchanged by the above listed parties, any exchange outside of that shall constitute a breach of confidentiality.

Any change to this form such as cancelling or revoking must be done in writing and provided to the above named therapist.

Client Signature _____ Date; _____

Parent/Legal Guardian Signature _____ Date: _____

