



Amy Fortney Parks, PhD-Res., Executive Director
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AUTHORIZATION TO RELEASE AND EXCHANGE INFORMATION FOR CLINICAL SERVICES

I request that the following information be shared for treatment and/or service coordination. By signing this form, I am allowing service providers and agencies to exchange information that will be useful in planning current treatment, and/or will make it easier for them to work together effectively in planning and/or providing services.

_____/_____/_____
(Please print full name of client) (Please print client's date of birth)

My relationship with client is: Self Parent Guardian

I request that the following information be released or exchanged in person, by phone, or in writing:

- Psychological/Psychiatric Assessment/Treatment Information, Diagnosis and Records
- Educational Records (including assessment and social data)
- Medical Assessment/Treatment Information, Diagnosis and Records
- Other

I request that Amy Fortney Parks and the following service providers or agencies exchange the above information (please provide names and telephone numbers, if available):

- Physician _____
- Family Member(s) _____
- Attorney _____
- Educational Institution _____
- Psychiatrist/Psychiatric Professional(s) _____
- Other _____

Expiration & Terms: I understand that this consent is good for one year from the date of my signature below, and that it encompasses consent to release information from before the signature date, as well as additional information received after this consent is signed. In addition, I understand that information may be shared in writing, via HIPPA compliant email, via computerized form, and or in meetings or by telephone and that I have a right to inspect and review the information that will be released under the supervision of my clinician.

Revocation: I understand that I can withdraw this consent at any time. The revocation will not apply to information that has already been released. I must revoke this consent in writing to Amy Fortney Parks.

Client's Signature * Date

**The signature of a parent or legal guardian is required if the client is under 18 years of age or legally incompetent.*

Date Received _____ Verification Signature _____