

# Alpha Psychological Services, P.C.

41820 Six Mile Road, Suite 104  
Northville, MI 48168  
248-349-3131  
Fax: 248-349-3232

## REQUEST / AUTHORIZATION FOR RELEASE OF CLIENT INFORMATION

I, \_\_\_\_\_, Date of birth \_\_\_\_\_  
(CLIENT'S NAME)

Hereby authorize: \_\_\_\_\_

address: \_\_\_\_\_  
\_\_\_\_\_

to release information contained in my client records to the following individual(s) and or organization(s), and only under the conditions listed below:

1. Name of person(s), organization(s), address to whom disclosure is to be made:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ATTENTION: \_\_\_\_\_

Approximate dates of service at site from which information is requested: \_\_\_\_\_

2. Specific type of information to be disclosed:

- |                                     |   |   |
|-------------------------------------|---|---|
| <input type="checkbox"/> Diagnosis  | <input type="checkbox"/> Drug/Alcohol History | <input type="checkbox"/> Treatment Summary              |
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Mental Status Exam   | <input type="checkbox"/> School Records; Specify: _____ |
| <input type="checkbox"/> Progress   | <input type="checkbox"/> Physical Examination | <input type="checkbox"/> Entire Record: _____           |
| <input type="checkbox"/> Prognosis  | <input type="checkbox"/> Discharge Summary    | <input type="checkbox"/> Other: _____                   |

3. The purpose and need for such disclosure:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Provision of Mental Health services | <input type="checkbox"/> Billing Purposes   | <input type="checkbox"/> Aftercare Planning |
| <input type="checkbox"/> Continuity of Treatment             | <input type="checkbox"/> Family Involvement | <input type="checkbox"/> Other: _____       |

4. This consent is subject to revocation at any time except in those circumstances in which the program has taken certain actions on the understanding that the consent will continue unrevoked until the purpose for which the consent was given shall have been accomplished. However, any consent given under Subpart C, Federal Register, Volume 40, Number 127, July 1, 1975, shall have a duration no longer than that reasonably necessary to effectuate the purpose for which it is given.

5. Without expressed revocation, this consent expires for the following specified reasons:

A. Date \_\_\_\_\_

B. Event \_\_\_\_\_

C. Condition \_\_\_\_\_

\_\_\_\_\_  
CLIENT (PARENT/GUARDIAN) SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
DATE

This client information release authorization form is prepared in accordance with the authority specified in Public Act 56 of 1973. This form is in compliance with Title 42 of the Code of Federal Regulations, Part II.