



INFORMED CONSENT FOR USE, DISCLOSURE AND/OR RELEASE OF PERSONAL AND HEALTH INFORMATION

Patient Name: _____ DOB: _____ Consent Date: _____

Address: _____

AUTHORIZATION

I hereby authorize _____ (Therapist) and Prepare to Change to release and/or discuss the following information from my personal health record:

- | | |
|---|--|
| <input type="checkbox"/> Complete Record, except progress notes | <input type="checkbox"/> Personality Profiles |
| <input type="checkbox"/> Partial Record dated: _____ to _____ | <input type="checkbox"/> Psychological Reports |
| <input type="checkbox"/> Psychological Testing Results | <input type="checkbox"/> Developmental Information |
| <input type="checkbox"/> Vocational Testing Results | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Intelligence Testing Results | <input type="checkbox"/> Other: _____ |

SPECIFIC AUTHORIZATION

I specifically authorize the release of information pertaining to mental health diagnosis or treatment or the psychological information.

The persons or agencies listed below may view, copy, release, and exchange information or records marked below. This information may be shared verbally, in writing, and/or via encrypted and password protected Internet transfer site.

Name of Person: _____ Agency: _____

Address: _____ Phone: _____

I am aware that information regarding the patient's health information and condition will be released to those persons or agencies named above. I understand that, if the persons or agencies that I authorize to receive the protected health information are not subject to federal and state health information privacy laws, subsequent disclosure by such persons or agencies may not be protected by those laws. I understand that I may cancel this consent at any time. I agree to release Prepare to Change and its agents from any unintentional liability that may occur when obtaining or providing my medical information.

I hereby acknowledge that I understand the foregoing disclosure. My signature below indicates that I have read this Agreement and agree to its terms.

Authorized Signature for Client

Date