

Fireside Counseling, LLC

Release of Information Consent Form

I, _____, authorize Fireside Counseling, LLC to:

Send Receive the following information
 To From the following agencies or people

Name	_____		
Address	_____		
City	State	Zip	
Phone	Fax		

Name	_____		
Address	_____		
City	State	Zip	
Phone	Fax		

<input type="checkbox"/> Academic testing results	<input type="checkbox"/> Psychological testing results
<input type="checkbox"/> Behavior Programs	<input type="checkbox"/> Service plans
<input type="checkbox"/> Case notes	<input type="checkbox"/> Summary reports
<input type="checkbox"/> Intelligence testing results	<input type="checkbox"/> Vocational testing results
<input type="checkbox"/> Medical reports	<input type="checkbox"/> Entire record
<input type="checkbox"/> Personality profiles	<input type="checkbox"/> Other (specify below)
<input type="checkbox"/> Progress reports	
<input type="checkbox"/> Psychological reports	

The above information will be used for the following purposes:

<input type="checkbox"/> Planning appropriate treatment or program
<input type="checkbox"/> Continuing appropriate treatment or program
<input type="checkbox"/> Determining eligibility for benefits or program
<input type="checkbox"/> Case review
<input type="checkbox"/> Updating files
<input type="checkbox"/> Other (specify below)

I understand that I may revoke this consent at any time by providing written notice, and after one year this consent automatically expires. I have been informed what information will be given, its purpose, and who will receive the information.

Client's name (please print) _____	DOB _____
Client's signature _____	Date _____
Spouse/Parent signature _____	Date _____
Witness (if client unable to sign) _____	Date _____
Person informing client of rights _____	Date _____