

Lake House Counseling, PLLC Kristi Garcia, LMSW, ACSW
RELEASE OF INFORMATION FOR LAKE HOUSE COUNSELING, PLLC

CLIENT NAME: _____
DATE OF BIRTH: _____
ADDRESS: _____
PHONE: _____

I hereby authorize Kristi Garcia, LMSW, ACSW to release information and/or obtain written and verbal information with the individual(s) or organization(s) listed under the conditions specified below. The information will be released to and obtained from:

NAME: _____
ADDRESS: _____
PHONE: _____

SPECIFIC INFORMATION TO BE RELEASED:

- | | |
|--|---|
| <input type="checkbox"/> Assessment | <input type="checkbox"/> Medical Information |
| <input type="checkbox"/> Diagnosis | <input type="checkbox"/> Educational Information |
| <input type="checkbox"/> Psychosocial Evaluation | <input type="checkbox"/> Discharge/Transfer Summary |
| <input type="checkbox"/> Psychological Evaluation | <input type="checkbox"/> Continuing Care Plan |
| <input type="checkbox"/> Psychiatric Evaluation | <input type="checkbox"/> Progress in Treatment |
| <input type="checkbox"/> Treatment Plan or Summary | <input type="checkbox"/> Demographic Information |
| <input type="checkbox"/> Current Treatment Update | <input type="checkbox"/> Psychotherapy Notes |
| <input type="checkbox"/> Medication Management Information | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Presence/Participation in Treatment | <input type="checkbox"/> Other _____ |

The Information released in this authorization is confidential. Further disclosure of this information is prohibited unless otherwise permitted by Federal and State laws. Information about your mental health and substance abuse status may be included in reports or shared verbally with the person(s) or organization(s) listed above.

My signature indicates that I know what information is being released and any consequences that may arise as a result of my signing this authorization or refusing to do so. I have read this form, or had it read to me in a language that I understand. All the blank spaces have been filled out except my signature and the date. This consent may be revoked by me in writing at any time, except to the extent that action has been taken in reliance on it. This consent shall remain in effect until my case is terminated or unless revoked by me in writing.

Client Signature

Date

Parent/Guardian Signature

Date