



Professional Counseling,  
Consulting & Educational Services

# RELEASE OF INFORMATION REQUEST FOR INFORMATION

## EMERGENCY CONTACT

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

**I consent to release information for the purpose of contacting my identified Emergency Contact.**

- Admission
- Medical History & Physical
- Summary of Treatment
- Dates of Service/Attendance
- Patient Data Form
- Termination Note
- Diagnosis/Prognosis
- Progress Notes
- Treatment Plan(s)
- Evaluations/Assessments
- Psychiatric Evaluation
- Other **EMERGENCY CONTACT**
- Intake Note
- Social/Legal History

### Information may be released to/requested from: RELEASE/REQUEST OF INFORMATION

Name/Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

### I understand that this information may be released in oral or written form.

(Clients age 14 or older must sign this form. For clients under age 14, a Parent/Guardian/POA must sign.)

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

The client  accepted  declined a copy of this form.

*This information is being disclosed from health records that may be protected by law. I understand that I have the right to request to inspect materials that will be released. I understand that I may revoke this authorization at any time by notifying Life Strategy Consultants, LLC staff verbally or in writing.*

For verbal revocation: Authorization was revoked on \_\_\_\_\_ at \_\_\_\_\_ am/pm

Life Strategy Consultants, LLC staff signature \_\_\_\_\_

Client/Parent/Guardian/POA signature (if available) \_\_\_\_\_

*This authorization shall expire six (6) months after termination of treatment unless otherwise specified. If the client is not in treatment at the time of signing, this authorization will expire three (3) months after signing.*