

Anita Avedian, MFT

AUTHORIZATION FOR THE RELEASE OR EXCHANGE OF INFORMATION

Patient Name: _____

Information To Be Released Or Exchanged With:

Name: _____

Address: _____

Information To Be Released Or Exchanged:

- History and Physical Exam
- Discharge Summary
- Psychiatric Evaluation
- Psychological Test Results
- Chemical Recovery History
- Dates of Hospitalization
- Court/Agency Documents
- Mental Status
- Treatment Plans
- Progress Notes
- Therapist Orders
- Diagnoses
- Crisis Intervention Reports
- Medical Records
- Family Systems Evaluation
- Nursing Notes
- Consultation Reports
- Educational Records
- Educational-Tests and Reports
- Attendance Record
- Psychosocial Report
- Lab results

Other (specify)

This release is good through : (Date) _____

Patient Signature

Date