

**Kim M. Snyder, MS, LPC, NCC, DCC**  
**RELEASE / EXCHANGE OF CLIENT INFORMATION**

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_  
its director or designee, \_\_\_\_\_ to release information contained in my client records to  
the following individual(s), and/or organization, and only under the conditions listed below:

1. Name of person(s), organization, and address to whom disclose/exchange is to be made:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Specific type of information to be disclosed/exchanged: (Client initials next to each checked box)

<input type="checkbox"/> ___Diagnosis	<input type="checkbox"/> ___Discharge	<input type="checkbox"/> ___Other:_____
<input type="checkbox"/> ___Attendance	/Summary/Date	_____
<input type="checkbox"/> ___Progress	<input type="checkbox"/> ___Treatment Summary	_____
<input type="checkbox"/> ___Prognosis	/Reason for Closing	_____
<input type="checkbox"/> ___Drug/Alcohol History	<input type="checkbox"/> ___Recommendations	_____

3. The purpose and need for such disclosure/exchange: (Clinician check appropriate boxes)

<input type="checkbox"/> Continuity of Treatment	<input type="checkbox"/> Family Involvement	<input type="checkbox"/> Job Stability
<input type="checkbox"/> Aftercare Planning	<input type="checkbox"/> Referral	
<input type="checkbox"/> Contact w/Referring Supervisor		
<input type="checkbox"/> Other_____		

THIS CONSENT IS SUBJECT TO REVOCATION AT ANY TIME:  
IF NOT PREVIOUSLY REVOKED THIS CONSENT WILL TERMINATE UPON:  
(Specific date, event or condition)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Event: \_\_\_\_\_  
Condition: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \_\_\_\_\_  
Client (Parent/Guardian) Signature Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \_\_\_\_\_  
Witness Date

This client information release authorization form is prepared in accordance with the authority specified in Public Act 56 of 1973 and is in compliance with Title 42 of the Code of Federal Regulation, Part II. Authorized disclosure is inclusive of mental health and alcohol or drug abuse information as specified.

As of this date, I hereby revoke the consent provided on this authorization form.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \_\_\_\_\_  
Client (Parent/Guardian) Signature Date