

The Power in Parenting

Changing Generations – One Family at a Time



Kim M Snyder MS, LPC RELEASE / EXCHANGE OF CLIENT INFORMATION

I, _____ hereby authorize **The Power in Parenting**, its director
(client name / Guardian if client is a minor)

or designee, **Kim M Snyder MS, LPC** 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:

Name: _____ Org _____ Phone _____

Name: _____ Org _____ Phone _____

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 _____ | | |

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.

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: _____

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

Client (Parent/Guardian) Signature

____/____/____
Date