Authorization to Release Information (Consent)

INeedASocialWorker.com - Social Work Form Template

A client authorization to exchange information with a named party for a specific purpose.

Client

Client name:

Date of birth:

Release To / From

Name of person/agency:

Address / phone:

Scope

Information to be released:

[ ] Assessment [ ] Treatment records [ ] Progress notes [ ] Discharge summary

Purpose of disclosure:

Duration & Rights

This authorization expires on:

Client may revoke in writing at any time:

[ ] Client understands right to revoke

Client signature & date: