



Release of Information

Client Name: _____ D.O.B.: _____

Release to/from (circle one or both):

Name: _____

Address: _____

Phone: _____

Dates of Relevant Care: From: _____ To: _____

I, _____ (client name), hereby authorize and consent to the release of information to/from (circle one or both) the therapists of The Mariposa Center and the person/agency listed above.

I authorize the following information to be released and exchanged to/from (circle one or both):

Assessment and Treatment Plan _____ Session Progress Notes _____

Session Progress Summary _____ Termination Summary _____

Demographic/Historical Information _____

Such disclosure of information is for the purpose of establishing and coordinating effective treatment. Specifically, the information will be used/disclosed for the following purposes:

Assessment _____

Service Planning _____

Coordination/Continuation of Care _____

Referral _____

Benefits Coordination/Acquisition _____

Disability Determination _____

Payment of Insurance Claims _____

Legal Purposes _____

Other: _____

I hereby relieve and release Emily McNeil, LPC, R-DMT, EMDR-I, Jennifer Platt, LPC, R-DMT, EMDR-I, Debbie Carter, NCC, LPCC, Eli Moch, LPC, ATR, EMDR-II and The Mariposa Center for Infant, Child, and Family Enrichment, as well as its' master level interns from any and all damages, claims, and causes arising out of, or in connection with, any release of this information.

If I am the parent/guardian, I understand that my child's records are protected under the Federal Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for. I further understand that I may revoke this consent at any time by sending a letter to my therapist at the Mariposa Center. If I do not withdraw my consent, this release will expire within one year of the undersigned date.

Client or Parent/Guardian Signature: _____ Date: _____

Therapist Signature: _____ Date: _____