



Groupworks

Consent to Release/Obtain Confidential Records and/or Information Groupworks

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I hereby authorize **Groupworks** to release/obtain information from confidential records concerning:

Client Name: _____ **Date of Birth:** _____

This information may be Released to/Obtained from:

Name of Person or Agency

Address of Person or Agency

Phone

Fax

The purposes of this exchange of information are:

- Further Mental Health Evaluation, Treatment, or Care
- Treatment Planning
- Other: _____

The following types of information may be shared:

- Treatment Updates/Treatment Planning
- Intake & Discharge Summaries
- Psychological Evaluation Results
- Developmental/Social History
- Progress Notes
- Other: _____

I have had explained to me and fully understand this consent to release records and/or information, including the nature of the records, their contents, and the consequences and implications of their release. This request is entirely voluntary on my part. I understand that I may withdraw this consent at any time by notifying a representative of Groupworks in writing. I acknowledge that any action already taken based upon this consent cannot be rescinded. This consent expires one year from the date of signature.

Signature of Client or Guardian

Date

Printed Name of Person Signing Form

Relationship to Client

Signature of Witness

Date

Staff Use
Revised 2/17
Scanned to Therapy Notes
Save As "ROI_____"