T O T A L F A M I L Y S O L U T I O N S

AUTHORIZATION FOR RELEASE OF RECORDS OR INFORMATION

I, Guardian/Client of _____, _____,
(Client Name) *(Client Date of Birth)*
hereby give permission to Total Family Solutions, TFS Enterprises Co Inc, and the clinician(s) performing services on behalf of Total Family Solutions in connection with my treatment to:
□ **DISCLOSE** information to: and/or □ **OBTAIN** information from:

_____
Name of Agency, Attorney, School Counselor, Therapist, etc.

_____ _____
Address *City* *State* *Zip Code*

_____ _____ ___
Phone *Fax*

INFORMATION TO BE DISCLOSED/OBTAINED:

□ My mental health record in its entirety from _____ (date) to _____(date); or
□ My substance abuse record in its entirety from _____ (date) to _____(date); or
□ Only the following information from _____ (date) to _____(date):
(Client must initial each item to be released/obtained)
_____Treatment Recommendations/Plan _____Diagnostic Assessments/Evaluations
_____Behavioral Assistant Plan of Care _____ ICP/ISP
_____Encounter Forms _____ Other (specify): _____

□ **FORM IN WHICH INFORMATION SHOULD BE RELEASED:**
□ Verbal □ Photocopied □ Written □ Other (specify) _____

□ **PURPOSE FOR SUCH DISCLOSURE IS:**
□ To permit continuity of care
□ To permit case management
□ Other (specify): _____

I may revoke this consent at any time except to the extent that action has been taken in reliance upon it. If I do not revoke it, this consent will expire in one (1) year after I have terminated treatment.

_____ _____
Signature of Client *Signature of parent, guardian, conservator or authorize person*

_____ _____
Date *Witness*

NOTICE TO RECIPIENT OF INFORMATION

This information has been disclosed to you from records the confidentiality of which may be protected by federal and/or state law. If the records are so protected, Federal Regulations prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by regulations, HIPAA or otherwise. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.