

# Serenity Preserved Counseling, PLLC

## Consent for Disclosure of Confidential Information

\*Please note that Arizona Revised Statutes relation to Disclosure with Client's Consent can be found at Title 42, Chapter 1, Federal register, volume 40, number 127

All Clients take note:

Please do not sign this disclosure for authorization unless all blanks have been completed and you have asked questions about ANYTHING on this consent, which you do not understand.

Client legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone number: \_\_\_\_\_

*I hereby authorize (person's exact name, degree, organization's name, and address):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date effective \_\_\_\_\_ (expires in 1 year unless otherwise noted)

*To release the information requested below to (Person's exact name, degree, organization's name, and address):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Purpose of disclosure*

\_\_\_\_\_

To be disclosed:

- \_\_\_\_\_ Records of testing and/or treatment
- \_\_\_\_\_ Treatment plans and progress notes
- \_\_\_\_\_ Attendance records
- \_\_\_\_\_ History
- \_\_\_\_\_ Discharge summaries
- \_\_\_\_\_ Verbal summary only
- \_\_\_\_\_ Psychological and/or psychiatric evaluations
- \_\_\_\_\_ Other

Patient's Signature \_\_\_\_\_

Date \_\_\_\_\_