AUTHORIZATION FORM

This form when completed and signed by you, authorizes Jenda Family Services to release or obtain protected information from your clinical record to the person you designate.

I Hereby Authorize and Direct that: **CLIENT NAME**: ________________________

DATE OF BIRTH: ________________________

_____ **Jenda Family Services will send information to:** **EXPIRATION**: ___________
Agency______________________________________ Primary Contact___________________________________
Phone Numbers____ Fax Number_____________________
Address____

_____ **Jenda Family Services will receive information from:** **EXPIRATION**: ___________
Agency______________________________________ Primary Contact___________________________________
Phone Numbers____ Fax Number_____________________
Address____

This information is needed for the following purpose:

____

And, such disclosure shall be limited to the following information:

____ Evaluation Report
____ Diagnosis
____ Treatment Plan
____ Discharge Summary
____ Written and Verbal Communication
____ Other (please specify)____
____ Medical History & Physical
____ Social History
____ Progress Notes
____ Psychological Testing & Evaluation
____ Legal Record

I understand that information may include drug and/or alcohol use or abuse, or psychological care or psychiatric care and that this information will not be released to any other agency, individual or organization for any other purpose without written consent except as required by Federal or State Law, including 42 CFR Part 2 and HIPAA.

I understand that I may revoke this authorization at any time by sending written notice to Jenda Family Services. If I do so, I know that it cannot apply to any information that had been released before receipt of my written notice. I also agree that a photostatic copy of this release is valid as the original.

If signed by a person other than the client: My relationship to the client and my authority to consent and direct this authorization is as follows:

____

SIGNED: ________________________________ **WITNESS:** ____

DATE: __________________________________ **DATE**: ____

PARENT/GUARDIAN
SIGNATURE IF MINOR: ____**DATE**: ___________________

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