

Westlake Counseling and Wellness

Release of Information Consent

Client Name (print): _____ Client Date of Birth: _____

I, _____, (Client or Parent/Guardian Name - print) authorize Westlake Counseling and Wellness to send receive the following to from the following agencies/individuals:

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

- | | | |
|---|---|--|
| <input type="checkbox"/> Academic Testing Results | <input type="checkbox"/> Intelligence Testing Results | <input type="checkbox"/> Psychological Testing Results |
| <input type="checkbox"/> Behavior Programs | <input type="checkbox"/> Personality Profiles | <input type="checkbox"/> Service Plans |
| <input type="checkbox"/> Case Notes | <input type="checkbox"/> Progress Reports | <input type="checkbox"/> Summary Reports |
| <input type="checkbox"/> Entire Record | <input type="checkbox"/> Psychological Reports | <input type="checkbox"/> Vocational Testing Results |
| <input type="checkbox"/> Other (specify): _____ | | |
| <input type="checkbox"/> Other (specify): _____ | | |
| <input type="checkbox"/> Other (specify): _____ | | |

The above information will be used for the following purposes:

- Planning appropriate treatment or program
- Continuing appropriate treatment or program
- Determining eligibility for benefits or program
- Case Review
- Updating files
- Other (specify): _____

I understand that I may revoke this consent at any time by providing written notice, and after one year this consent automatically expires. I have been informed what information will be given, its purpose, and who will receive the information.

Client Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Therapist Signature: _____ Date: _____