



CONSENT TO RELEASE OR EXCHANGE INFORMATION

Name of Client: _____ SSN #: _____ Date of Birth: _____
This will authorize: _____ Phone: _____
Address: _____

To release and/or exchange by electronic, paper, or verbal communication with The Creative Therapy Center pertinent information from my case record maintained while I was/am a client.

- ___ Diagnostic Assessment/ARMHS Diagnostic Assessment Addendum
___ Psychological/Psychiatric Evaluation
___ Focus XII records
___ ARMHS Functional Assessment & Treatment Plan
___ Progress/Medication Notes
___ All medical/clinical information including HIV: Dates of service
___ Other facilities/lab reports
___ Other (specify):
___ Any and all medical records (including billing records and secondary records, mental health, chemical dependency/drug or alcohol abuse treatment records).

The purpose of this disclosure is:

- ___ Case Consultation ___ Ongoing Care ___ Notice of Completion ___ ARMHS
___ Outcomes Management Survey ___ Litigation ___ Other (specify)

I understand that I have the legal right to refuse to sign this consent. If I refuse to sign this consent, treatment will not be withheld. I understand that I may revoke this consent at any time with written notification, but that the revocation will not have any effect on the information released prior to the notification of cancellation. I understand that this consent expires upon fulfillment of the above indicated purpose(s) or one year after the signature date, whichever comes first. Other specifications of the date, event, or condition upon which this consent expires:

Further, I realize that The Creative Therapy Center cannot prevent the re-disclosure of the records released as a result of this request; therefore, The Creative Therapy Center is released from any and all liability resulting from this disclosure. I do not authorize the re-release of this information to anyone.

Signature of Client: _____ Date: _____

Signature of Responsible Part for Minor/Incompetent Part: _____

Please release information to the following:

The Creative Therapy Center
Attn:
657 Main Street Suite 214
Elk River, MN 55330
Fax: 763-441-3117



The Creative Therapy Center

657 Main Street Suite
Elk River, MN 55330
763.274.0510
www.TheCreativeTherapyCenter.com