



The Creative Therapy Center

RELEASE OR EXCHANGE INFORMATION FOR REFERRAL PURPOSES

Professional Referring: _____

Phone: _____ Fax: _____ E-Mail: _____

Name of Client: _____ Date of Birth: _____ Phone: _____

Address: _____

May The Creative Therapy Center contact you to discuss your needs or schedule an appointment?

Yes _____ No _____

Please 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 ___ Psychological/Psychiatric Evaluation ___ Summary of Treatment Contacts
___ Progress/Medication Notes ___ All medical/clinical information for the following dates of service: _____
___ All mental health information: Dates of service: _____

The purpose of this disclosure is: Referral/additional services

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

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



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