



AUTHORIZATION FOR THE RELEASE OF CONFIDENTIAL INFORMATION

RE: _____ DOB: _____

I hereby authorize **Tayat Counseling, LLC** to release information to and/or receive information from:

Name of Person, Organization or Institution

Address and Contact Information

The specific type of information to be disclosed:

- | | | |
|--|---|--|
| <input type="checkbox"/> Medical Records | <input type="checkbox"/> School Personnel Reports | <input type="checkbox"/> Legal Information |
| <input type="checkbox"/> Psychiatric Records | <input type="checkbox"/> Behavioral Report | <input type="checkbox"/> Insurance Information |
| <input type="checkbox"/> Psychological Records | <input type="checkbox"/> Financial Information | <input type="checkbox"/> Other Information (specify) |
| <input type="checkbox"/> Academic Records | | |

For the purpose of: _____

Release is valid for: ___ One Year ___ Termination of Treatment ___ Specific Dates: _____

- I understand my records are protected under Federal Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations.
- I understand that I may revoke this authorization at any time by providing written notice to Tayat Counseling, LLC, but I agree my authorization to release information shall remain in effect until the date the revocation is stamped as received by Tayat Counseling, LLC, and that any documents released previous to that date are considered to be authorized and approved by me.
- I understand that I have a right to a copy of this signed authorization and that I must request a copy be provided to me. I understand I am not required and cannot be forced to sign this authorization of release of confidential information.
- I understand the information will be released by phone, fax, mail or e-mail. My signature indicates my agreement to any method of disclosure. I understand information shared electronically may not be secure and confidentiality is not ensured.

Signature of Client or Parent/Guardian

Date