

Jennifer Durnell, LMFT, LLC
Authorization for Release/ Exchange of Information

Client Name: _____

Date of Birth: _____

Information Release/ Exchange From:	Information Release/ Exchange to:
Facility: Jennifer Durnell, LMFT, LLC	Facility/Person: _____
Address: 6408 Constitution Drive	Address: _____
Fort Wayne, IN 46804	
(260) 234-1477	Phone :(____) _____

-
- | | |
|--|---|
| <input type="checkbox"/> Intake Education | <input type="checkbox"/> Progress Notes |
| <input type="checkbox"/> Assessment/diagnosis | <input type="checkbox"/> Progress Reports |
| <input type="checkbox"/> Compliance/ Attendance | <input type="checkbox"/> Medical Tests |
| <input type="checkbox"/> Medical Records | <input type="checkbox"/> Psychological Evaluation |
| <input type="checkbox"/> Treatment Recommendations | <input type="checkbox"/> Psychiatric Evaluation |
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Treatment Prognosis |
| <input type="checkbox"/> Treatment Plan | <input type="checkbox"/> Discharge summary; prognosis |
| <input type="checkbox"/> Recommendations | <input type="checkbox"/> Other (specify) _____ |

Purpose or need for such Release/ Exchange of Information:

Authorization to Release/Exchange Information:
I understand that this authorization shall remain in effect for 180 days from the date of my signature below, unless an earlier expiration date is specified in this space (_____). I also understand that except to the extent that action has already been taken based upon this authorization, I may revoke this consent at any time by written notification to this agency.

I hereby authorize the release and /or exchange of the above identifying information from my records. I hereby release Jennifer Durnell, LMFT, LLC from all legal responsibility or liability that may arise from this authorization.

Authorizing Person Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

Witness/Clinician Signature: _____ Date: _____

This information has been disclosed to you from the records protected by Federal Confidentiality Rules (42 CFR, Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of this person to whom it pertains or as otherwise permitted by 42CFR, part 2. A general authorization is not sufficient for this purpose. The federal rules restrict any of the information to criminally investigate or prosecute any alcohol or drug consumer.