

find yourself. & be that

Find Yourself Be That LLC
657-235-2656 • www.FindYourselfBeThat.com

Authorization to Release Confidential Records & Information

RE: Client Name _____ Date of Birth _____

I hereby authorize Find Yourself Be That LLC to **obtain/release** information from/to:

Name _____ Phone _____

Fax _____ E-Mail Address _____

Address _____

The information to be disclosed is marked in the boxes below:

- All pertinent records below
 Intake and discharge summaries Medical history an evaluation(s) Progress Notes
 Mental health evaluations Development and/or social history Treatment summaries
 Telephone consultations Other _____

HIV-related information and drug and alcohol information contained in these records will be released under consent unless indicated here: **Do Not Release**

You have the right to revoke this authorization, in writing, at any time by sending such written notification to my office. Your revocation, however, will not be effective to the extent that we have taken action in reliance on the authorization or if this authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

This consent will expire automatically one year from the date on which it is signed.

Signature of Client

Date

Signature of Parent/Guardian/Representative

Date

To Disclosee: This information has been disclosed to you for your records alone. Confidentiality is protected by Federal Law. Federal Regulation 42FR, part 2, prohibits you from making any further disclosure of this information without the specific written consent of the person whom it pertains or as provided by such regulations.