

## Laura Dong CCHT

### AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

(I/We) \_\_\_\_\_

do hereby give permission to Laura Dong CCHT to mutually exchange all information regarding (my/our) social, emotional, educational, religious, psychological and medical histories, including assessment, backgrounds, opinions, and any other relevant data necessary to assist Laura Dong CCHT in providing continuity of services to (me/us) to:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

(I/We) agree to indemnify and hold harmless all persons and groups named above from any and all liability for claims, actions, damages or suits arising from or relating to the release or exchange of information made pursuant to this Authorization for Release of Confidential Information.

Except as authorized herein, confidential information will not be disclosed without (my/our) consent, except where the law may compel disclosure (1) to inform appropriate persons if there is reason to believe I am in danger of doing serious harm to myself or someone else, or (2) if there is reason to believe that reportable child/spousal or other abuse has occurred.

I/We) have read the foregoing, understand its content, and agree to these conditions. (I/We) understand that this consent may be revoked at any time, except to the extent that action has been taken in reliance on it, or until (I/We) cancel it by written notice to the agency. In any event this consent expires automatically on-hundred-twenty days after date of signature.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

If under 18 years of age, signature of parent or legal guardian is required.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR CLIENTS CONTINUING SERVICES

A New Authorization for Release of Confidential Information is required is required for clients continuing services beyond 120 days. (I/WE) hereby authorize the above named individuals to mutually exchange information as needed as a condition of (/My/Our) continuity of services. (I/We) agree to the conditions stated in (my/our) original authorization above, and understand that this consent may be revoked at any time, except to the extent that action has already been taken in reliance on it, or until (I/We) cancel it by written notice. In any event this consent expires automatically ninety days after date of signature.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

If under 18 years of age, signature of parent or legal guardian, Date: \_\_\_\_\_