

Anthropos Counseling Center
Phone: (925) 449-7925
Fax: (925) 449-1937

326 South L. Street
Livermore, CA 94550

Information Release and Exchange Authorization

I hereby request and authorize the following parties...

Anthropos Therapist:	Name:
Therapist Phone:	Phone:
Fax: (925) 449-1937	Fax:
	Address:

to exchange information limited to the following specific types of information from my counseling record:

Intake Report Progress Notes Dates of Service Diagnosis
 Treatment Summary Discharge Summary Complete Record

This information is to be exchanged for the following purposes:

Coordination of Treatment and Treatment Planning Assessment Prognosis

The reason(s) for this exchange:

Requested by client Phone Consultation Referral Legal

By signing this document, I, (name of client) _____ (hereinafter "Client") hereby authorize _____ (hereinafter "Provider") to disclose mental health treatment information and records obtained in the course of the Provider's treatment of Client, including, but not limited to, Provider's diagnosis of Client.

I understand that I have a right to a copy of this authorization. I understand that any cancellation or modification of this authorization must be in writing. I understand that I have the right to revoke this authorization at any time unless the Provider has to take action in reliance upon it. And, I also understand that such revocation must be in writing and received by Provider at 326 South L. Street, Livermore, CA 94550 to be effective.

Provider shall not condition treatment upon Client signing authorization. Client has a right to refuse to sign this form. Client understands that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by the Federal Privacy Rule, although such information may be protected by applicable California Law.

A photocopy of this form is as valid as the original. This authorization shall remain valid for one (1) year or until _____ (whichever comes first).

I hereby state that I am competent and that I fully understand the terms of this release:

Signed: _____	Date: _____
Printed Name: _____	Date of Birth: _____