



Instructions for Completing the Release of Information Consent Form

This document provides step-by-step instructions to help you accurately complete the Release of Information Consent Form. Please carefully review and complete each section to avoid any delays in processing your request.

1. Client Information:

- If the client is a child, the name of the child should be listed as the client and parent/guardian should authorize the consent.
- Fill in the client's full name, date of birth, email address, and phone number. Make sure all information is accurate to ensure correct identification.

2. Authorization Details:

- Write your name in the blank provided.
- Select whether you want to *release* information to or *obtain* information from a specific individual or organization by checking the appropriate box. You may also select both options if you would like the information to be exchanged in both directions.
- If necessary, specify the time period for the records you are authorizing to be shared by filling in the start and end dates.

3. Information Sharing Details:

- Write the name of the individual or organization with whom the information will be shared.
- Specify the relationship of this individual or organization to you (e.g., doctor, teacher).
- Provide their email address and phone number to ensure correct contact details.

4. Expiration of Consent:

- If you want this authorization to expire *before* one year from the date of signing, enter a specific expiration date. If left blank, the consent will automatically expire one year from today's date.

5. Information to be Exchanged:

- Check all the types of information that you are authorizing to be shared (e.g., verbal exchange, treatment notes, neuropsychological testing reports).
- If you are authorizing the release of drug or alcohol use information, you must sign separately as indicated.

6. Purpose of Information Exchange:

- Check the box that describes the reason for exchanging this information, such as ongoing care and treatment planning. If you select "Other," specify the purpose (e.g., legal, insurance) in the space provided.

7. Signatures:

- The client must clearly sign and date the form. If the client is 12 years or older, their signature is required.
- If the client is under 18 or has been adjudicated incompetent, a parent or guardian must also sign.
- If the parents of the client are divorced or separated, the other parent's signature is required in the space provided.



Consent for Release of Information

Client Information:

Client Name:

Date of Birth:

Client Email:

Client Phone Number:

Authorization Details:

I (client's name or parent/legal guardian), _____, hereby authorize The Family Institute (TFI) to: (please select one or both)

Release information to

Obtain information from

This authorization applies for the period of time you have received services at the Family Institute. **IF** you choose to limit this date range specify the dates here: _____ to _____

Information Sharing Details:

Name of Individual/Organization:

Email:

Relationship (e.g., doctor, teacher):

Phone Number:

Expiration of Consent:

This consent will expire one year from the date of signing unless another date is specified:

Information to be Exchanged (check all that apply):

Verbal exchange of information

Treatment notes, as available

Neuropsych testing report

Drug or alcohol use (must sign separately)

Purpose of Information Exchange:

Ongoing care and treatment planning

Other (legal, insurance, etc.)

Please specify:

Signatures:

I understand that I may revoke this consent in writing at any time but that such revocation is effective only with respect to any future requests for disclosure and does not retroactively apply to any disclosure made on this release prior to the date revocation was received. I also understand that any written revocation must be accompanied by the signature of a witness.

Signature of Client

(required if 12 years or older):

Date:

Signature of Parent or Guardian

(if under 18 or adjudicated incompetent):

Date:

Signature of Another Parent

(if parents are divorced or separated):

Date: