



# Mental Health Services for Children, Adolescents & Adults

2110 Iron Street  
Bellingham, WA 98225  
phone: 360.734.2664  
fax: 360.671.8006  
www.freedman-associates.com

## Authorization for Disclosure of Healthcare Information

Client Name: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_\_

Previous Name(s): \_\_\_\_\_ Address: \_\_\_\_\_

Freedman & Associates Treating Provider: \_\_\_\_\_

**Information is to be disclosed to  and/or received from :**

Name of Person/Agency: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

For purposes of: \_\_\_\_ evaluation \_\_\_\_ treatment \_\_\_\_ forensic assistance \_\_\_\_ other: \_\_\_\_\_

**I authorize Freedman & Associates to release my:**

\_\_\_\_ General Mental Health Record

\_\_\_\_ Information related to chemical dependency/substance abuse

\_\_\_\_ Psychotherapy Notes (the private content of your conversations with your therapist)

\_\_\_\_ Information related to HIV/AIDS and/or sexually transmitted diseases

\_\_\_\_ Other: \_\_\_\_\_

*I understand that I may revoke this Authorization at any time except to the extent that action has been taken in reliance on it, and that in any event this Authorization expires 12 months after the last dated signature.*

\_\_\_\_\_  
Signature of Client Date

**Parent/Guardian signature** is required for all children under age 13. For children age 13 and over, we encourage the parent/guardian to sign, but it is not required. *I understand that the information being requested for the above named minor child may include information regarding myself, the parent/legal guardian, relevant to my child's condition and treatment. I consent to the disclosure of such information.*

\_\_\_\_\_  
Signature of Parent/Guardian Date

\_\_\_\_\_  
Signature of Witness Date

### [12 Month Signature Updates]

\_\_\_\_\_  
Signature of Client/Parent/Guardian or Authorized Representative Date

\_\_\_\_\_  
Signature of Client/Parent/Guardian or Authorized Representative Date