

NEW DIRECTIONS COUNSELING CENTER L.L.C.
5121 SOUTH LAKELAND DR. SUITE 4
LAKELAND, FL. 33813
Phone (863) 606-5922 Fax (863) 606-5921

AUTHORIZATION FOR THE RELEASE OR EXCHANGE OF INFORMATION

Patient: _____ DOB: _____

Information to be released by or exchanged with:

Name: _____

Address: _____

Information To Be Released By Or Exchanged:

- | | |
|---|--|
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Court/ Agency Documents |
| <input type="checkbox"/> Mental Status | <input type="checkbox"/> Psychiatric Evaluation |
| <input type="checkbox"/> Treatment Plans | <input type="checkbox"/> Consultation Reports |
| <input type="checkbox"/> Psychological Test Results | <input type="checkbox"/> Progress Notes |
| <input type="checkbox"/> Therapist Orders | <input type="checkbox"/> Diagnoses |
| <input type="checkbox"/> Psychosocial Report | <input type="checkbox"/> Crisis Intervention Reports |
| | Other: _____ |

Parent/ Patient Signature: _____

Date: _____