Leadem Counseling & Consulting Services, LLC
668 Commons Way
Toms River, NJ 08755

Request/Authorization to Release Confidential Records and Information

Client Name_____**Date:**_____**DOB:**_____/___/_____
Address: _____

Release of Information From:	Release of Information To:
☐ Leadem Counseling & Consulting Services, LLC	☐ Leadem Counseling & Consulting Services, LLC
☐ _____ Individual/Organization	☐ _____ Individual/Organization
Street Address City, State, Zip	Street Address City, State, Zip
Phone Fax	Phone Fax

Purpose of Release

Dates of service for records requested: Beginning:_____/_____/_____ **Thru:**_____/_____/_____

Specify Methods Information Can Be Relayed: ☐ Mail ☐ Email ☐ Phone ☐ Fax

☐ Discharge Planning
☐ Treatment Planning
☐ Legal
☐ Further Mental Health Evaluation, Treatment, or Care
☐ Rehabilitation Program Development or Services
☐ Other: _____

Information to be Released

☐ Intake and Discharge Summaries
☐ Developmental and/or Social History
☐ Medical History and Evaluation(s)
☐ Educational Records
☐ Substance Abuse Evaluation
☐ Termination Summary
☐ Mental Health Evaluations
☐ Progress Notes
☐ Other: _____

Consent to Release Information

I have had explained to me and fully understand this request/authorization to release records and information, including the nature of the records, their contents, and the consequences and implications of their release. This request is entirely voluntary on my part. I understand that I may take back this consent at any time within **90 days**, except to the extent that action based on this consent has already been taken.

- This authorization will expire 90-days from the date signed below unless another date or event is entered here: _____
- Drug and alcohol information contained in these records will be released under this consent unless indicated here: _____

Signature of Patient/Legal Representative

_____ _____ _____
Signature of Patient/Legal Representative | Relationship to Patient | Date

☐ Copy for patient or parent/guardian ☐ Copy for source of records ☐ Copy for recipient of records