



INSTITUTE FOR PRACTICAL LIFE

"your place for psychotherapy and wellness"

Practice Location: 328 Deison Street / Highland Park, NJ 08904
Tel:(732)610-5119 / Fax:(908)275-8073 / Mailing address: P.O.Box 23 / Edison, NJ 08818
info@practicallife psychotherapy.org / www.practicallife psychotherapy.org

DATE:...../...../.....

Patient's Name:.....

D.O.B.:.....

Authorization to Release and Obtain Information

I,....., hereby authorize the release to obtain from and exchange with information specified below:

- COMPLETE RECORD, Assessment, Diagnosis, Treatment Plan, Summary of Treatment, Response to treatment, Social or Family History, Prognosis, Medication Management, Transition Summary, Progress Notes, Recommendations, Educational Evaluation, Other.....

To: Release to, or request, with the purpose of coordination of care or ongoing evaluation from*:

Name:.....

Address:.....

Phone:.....

Fax number:.....

I understand that this directive is subject to revocation at any time upon my written request.

Otherwise this consent will expire upon termination of services.

I herewith release and hold harmless.

.....Institute for Practical Life (732-610-5119) Service Provider.

Parent Signature and Date:.....

Client Signature and Date:.....

Witness/Clinician Signature and Date:.....

*Insurance Company / Lawyer / Parents / Partener / etc