

### Release of Information Authorization

*Please note:* Your clinician may need to make reports or gather information from another source. By signing this form, you give your permission and allow us to serve you as best we can.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

**I authorize the following individual/organization:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

to  provide information to,  receive information from, or  exchange information with:

### Forward Motion Coaching & Consulting

Location: 300 SE Reed Market Rd #280 Bend OR 97702

Voice: 541.390.5373, Fax: 480.247.5521

including records of :

- Yes  No **Family history** **Other:** \_\_\_\_\_
- Yes  No **Employment / Unemployment** \_\_\_\_\_
- Yes  No **Education** \_\_\_\_\_
- Yes  No **Alcohol / Drug Treatment** \_\_\_\_\_
- Yes  No **Mental Health Services** \_\_\_\_\_
- Yes  No **Medical / Psychiatric Treatment** \_\_\_\_\_

*Please Note:* Alcohol / Drug, Mental Health & Medical Records include all aspects of diagnosis, treatment & prognosis. Educational Records include both behavioral & progress reports.

**Purpose:** The information received will be used to evaluate my situation and to plan for & coordinate services to my family & me or for other purposes as specified:

This permission is good for six months or until: \_\_\_\_\_

**I know that I can cancel this at any time and that doing so will not affect any information that was already released before the cancellation. I understand that information about my case is confidential and protected by state & federal law. I approve the release of this information. I understand what this agreement means. I sign this on my own and have not been pressured to do so.**

Client  Guardian  
 Parent  Legal Custody \_\_\_\_\_  
Signature Date

Worker Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

To those receiving information under this authorization: This information disclosed to you is protected by state and federal law. You are not authorized to release it to any agency or person not listed on this form without specific written consent of the person to whom it pertains unless authorized by other laws.

This is a true copy of the original authorization document \_\_\_\_\_ (Agency Staff Member)