

Release of Information
Mindful Inspiration Counseling, LLC

The purpose of this disclosure of information is to improve assessment and treatment planning, share information relevant to treatment and when appropriate, coordinate treatment services.

I, _____ authorize Mindful Inspiration Counseling, LLC to disclose to and/or obtain information from _____ the following information:

Description of Information to be Disclosed

(Client should initial each item to be disclosed)

- | | |
|---|-----------------------------------|
| _____ Assessment | _____ Educational Information |
| _____ Diagnosis | _____ Insurance Information |
| _____ Treatment Plan | _____ Continuing Care Plan |
| _____ Current Treatment Update | _____ Medication Management |
| _____ Psychiatric Evaluation | _____ Psychiatric/Medical Consult |
| _____ Progress/Participation in Treatment | _____ Discharge/Transfer Summary |
| _____ Other: | |

Signature of Patient/Client

Date

Signature of Parent or Guardian

Date

Signature of Therapist/Staff

Date