

# Clare M. Rountree, Ph.D., LLC

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**AUTHORIZATION TO *RELEASE/OBTAIN* CONFIDENTIAL INFORMATION**

NAME OF CLIENT/YOUTH: \_\_\_\_\_  
CLIENT'S BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

I, \_\_\_\_\_, hereby agree that Clare M. Rountree, Ph.D., LLC may:

Release  Obtain  information about me/consumer to/from the following organization(s) or individual(s):

\_\_\_\_\_  
(client or parent/legal guardian's initial)

\_\_\_\_\_  
(name) (address, city, state, zip)  
\_\_\_\_\_  
\_\_\_\_\_

The form in which this information will be shared (check appropriate box): written  verbal  phone  fax

This information includes:

- 1) Substance use information:  yes  not applicable \_\_\_\_\_ (client or parent/legal guardian's initials)  
2) HIV/AIDS information:  yes  not applicable \_\_\_\_\_ (client or parent/legal guardian's initials)

**\*If either of the above information is to be obtained, specific benefits, risks, and alternatives need to be addressed.**

## Purpose for information:

## Specific information requested:

Benefits: Assist in treatment planning and service coordination and delivery.

Risk: Confidential information may be shared, physical and sexual abuse and neglect will be reported to CPS; serious harm to self or others will be reported to appropriate persons; confidentiality can be superceded by Court Order.

Alternative: Not to release information.

For the person(s) providing consent:

-This consent has been made freely, voluntarily and without coercion

-I was able to ask questions and receive answers about this release

-I hereby authorize obtaining the information as specified above and further understand that

\*Those who receive this information cannot disclose it to others without my further consent, unless permitted by Federal or State law

\*I may withdraw this consent anytime before the information is released

Consent expires on this date(check one):  One year from signing  Other date: \_\_\_\_\_

Printed name of person(s) Providing consent:	Relationship to client/youth:
Signature(s) of person(s) Providing consent: <b>X</b>	Date:
Signature of Client: <b>X</b>	Date:
Signature of provider obtaining consent:	Title of provider obtaining consent:
	Date:

This consent is withdrawn effective on this date: \_\_\_\_\_ Signature of client or parent/legal guardian: \_\_\_\_\_