## Judith R. Meredith, LPC, LLC

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jmerdithLPC@yahoo.com

## AUTHORIZATION FOR RELEASE OF INFORMATION

AUTHORIZATION:				
I. , authorize Judith	Meredith, LPC,	to release to a	nd/or obtain from anoth	er specified party certain
I,authorize Judith information as specified below regarding		·		
TO WHOM/FROM WHOM (CHECK ONLY ONE	ITEM BELO	W):		
Release To Obtain from	Exchange	with		
Name of Service Provider	Agency	Name or Affil	iation	
Mailing Address City	State	Zip Code	Phone	
CONTRACTOR OF INFORMATION TO RED	ISCLOSED/EX	CHANGED:		
Financial Psychological Evalua Medical Mental Health Assess	ation	Disch	narge Summary	
Medical Mental Health Assess	sment	After	care Plan	
Educational Case Entries	s and Progress N	notes	Heatilicht Flan	
PURPOSE OF REQUEST:		t of consum	ar/aliant	
Provision of Social Services	Treatment	uest of consum	lei/chefit	
Coordination/Linkage of Services	Othor	t Flammig		
Coordination with physician	Other			
LIMITATIONS: This authorization expires on:// (see below)	ow).			
This authorization should expire 90 days from the date	consent is given	n for <u>one</u> -time	releases - or -one year	when the release of information is
required for ongoing service provision by a contracted	or cooperating	service provide	er.	
				locure has already taken action in
This consent is subject to revocation at any time excep	t to the extent th	nat the entity w	hich is to make the disc	losure has already taken decion in
reliance on it. The revocation must be submitted in writer	iting.			
	10 1272 1			may result in delays, duplication
The client and/or parent/guardian have a right to refuse	e to sign this aut	horization. Ho	wever, refusing consent	an provide Federal and State laws
The client and/or parent/guardian have a right to refuse of service, and other problems that may affect the quar	ntity or quality of	of service that J	udith Meredith, LFC, C	Responsibilities and Notice of
of service, and other problems that may affect the quar- may also mandate the release of information, as outline	ed in the Treatm	ient Authorizat	ion, Chenis Rights and	Responsionities, and 11000
Privacy Form.				
SIGNATURES:				
		Dat	Α	
Client (if client is 12 years of age or older)		Dat	•	
		Dat	e	
Parent or Guardian (if client is less than 18 years of ag	(50)	240		
*				
		Dat	e	
Witness				