

Applied Therapies and Wellness Center, S.C.
RELEASE OF INFORMATION

Client Name: _____ DOB: _____
 I authorize Applied Therapies & Wellness Center, S.C. to: ___release to ___obtain from (CHECK ONE OR BOTH)

Name of Individual / Agency: _____

Address: _____

City: _____ State: _____ Zip _____

Code: _____

Telephone: (_____) _____ Fax: (_____) _____

SPECIFIC INFORMATION TO BE RELEASED

BY

**APPLIED THERAPIES AND WELLNESS
 CENTER, S.C.**

SPECIFIC INFORMATION TO BE RELEASED

TO

**APPLIED THERAPIES AND WELLNESS
 CENTER, S.C.**

	Y	N
History & Physical Examination	___	___
Psychological Evaluation	___	___
Psychiatric Evaluation	___	___
Social Assessment	___	___
Aftercare Plan	___	___
Discharge Policy	___	___
General / Verbal Information	___	___
Other: _____	___	___

	Y	N
History & Physical Examination	___	___
Psychological Evaluation	___	___
Psychiatric Evaluation	___	___
Social Assessment	___	___
Aftercare Plan	___	___
Discharge Policy	___	___
General / Verbal Information	___	___
Other: _____	___	___

- A. To assist in the treatment process. YES NO
- B. To facilitate family involvement in treatment. YES NO
- C. Other reasons (specify if YES if circled). YES NO

I hereby hold Applied Therapies & Wellness Center, S.C. and its agents and officers harmless from any acts taken consistent with this authorization. I am also aware that I have the right to access to any information received from or released to Applied Therapies & Wellness Center, S.C. I understand that reports released may include psychiatric, alcohol and/or other drug abuse records. This consent may be revoked by me at any time, except to the extent that action has been taken in reliance thereon. I also understand that this consent, unless revoked earlier, shall be valid for one year and that a copy of this release will be considered as valid as the original. This release is executed in conformity with 42CFR, 2.31(b).

 Signature of Client (Parent / Guardian Signature if client is a minor)

 Date

 Signature of Witness

 Date

 Signature of Revocation

 Date