# BATON ROUGE CHRISTIAN COUNSELING CENTER

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## AUTHORIZATION FOR RELEASE / EXCHANGE OF CONFIDENTIAL INFORMATION

I, ________________________________, hereby authorize________________________________

to release/exchange to ________________________________________ the following information to assist in case consultation, evaluation, diagnosis, and development of a treatment plan and is limited to that purpose (as well as specified below) :

| | | | |
|---|---|---|---|
| ____ | Clinical Observations & Recommendations | ____ | Discharge & Treatment Summary |
| ____ | Case Summary | ____ | Social History |
| ____ | Progress Reports | ____ | Psychiatric History |
| ____ | Diagnosis & Prognosis | ____ | Medical Examination or History |
| ____ | Doctor's/Therapist Treatment Plan | ____ | Job Related Issues |
| ____ | Psychological Evaluation | ____ | Attendance of Appointments |
| ____ | Alcohol/Drug History | ____ | All School Records |
| ____ | All Laboratory Findings | | |
| ____ | Other (specify): ____________________________________________ | | |

**READ CAREFULLY:** I understand that my medical, counseling, and/or education records are confidential. I understand that by signing this authorization I am allowing the release of any information requested to the person(s) or agency above.
I further understand that I may revoke this consent at any time, (except to the extent that action has already been taken) and in any event, it shall expire one (1) year from date, unless sooner revoked in writing, and that upon fulfillment of the above stated purposes, this consent will automatically expire without my express revocation.

____________ ______________________________

**Date** **Signature of Client or, if minor, Parent/Guardian**

____________ ______________________________

**Date** **Signature of Spouse or other Guardian/Parent**

____________ ______________________________

**Date** **Witness**

**PROHIBITION ON REDISCLOSURE**: Further disclosure of this confidential information without the specific written consent of the person to whom it pertains is prohibited.