



# MIDWEST CENTER FOR PSYCHOTHERAPY & SEX THERAPY

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## AUTHORIZATION FOR RELEASE OF INFORMATION

CLIENT'S NAME

DATE OF BIRTH

I understand that I am under no obligation to sign this form and that the person(s) and/or organization(s) described below whom I am authorizing to use and/or disclose my health information may not condition treatment, payment, and enrollment in a health plan or eligibility for health care benefits on my decision to sign this authorization. Furthermore, I understand that state and federal statutes concerning confidentiality protect my records. Re-disclosure of protected health information will no longer be protected under the Federal Privacy Rule.

I authorize \_\_\_\_\_ of Midwest Center for Psychotherapy and Sex Therapy to release information to/obtain information from the individuals and/or agencies listed below: \_\_\_\_\_

### Purpose / Reason for Disclosure:

- Evaluation
- Request of Client
- Treatment Planning
- Diagnosis
- Case Management
- Other \_\_\_\_\_

Information Requested and/or Disclosed (from \_\_\_\_\_ to \_\_\_\_\_):

- Assessments
- Social History
- Psychological Tests/Evaluations
- Therapy Reports (progress notes, intake and discharge summaries)
- Other \_\_\_\_\_
- Vocational Evaluations
- Psychiatric Evaluations
- Medical/Psychiatric Records
- Drug and Alcohol Treatment/History
- HIV/AIDS Status

### Method of Contact:

- Ongoing Contact
- One-time contact
- In Writing
- Telephone/Fax
- In Person
- E-mail

**My right to Revoke This Authorization.** I understand that I have the right to revoke this authorization at any time. I also understand that my revocation of this authorization must be in writing. To obtain a copy of an authorization revocation form, I may contact the treating therapist or any Midwest Center for Psychotherapy and Sex Therapy staff person. The authorization will expire \_\_\_\_\_ or one year from date of signing, unless revoked sooner.

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Date

Client is unable to sign because: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date