CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, _____ DOB: _____/_____/_____

For:_____ DOB: _____/_____/_____

Minor child (if applicable)

authorize Jennifer C. Barber, LICSW to disclose to and communicate with the person/entity named below, and I also authorize the person/entity named below to disclose to and communicate with Jennifer C. Barber, LICSW.

Person/Entity:_____ Phone:_____

Address:_____ City:_____ State:____ ZIP:_____

The following confidential information (Initial each applicable category):

____Treatment Plan or Diagnosis

____Intake and Course of Treatment

____Psychosocial History

____Educational Records

____Chemical Dependency Information

____HIV or AIDS Information

____Other _____

____Other _____

The purpose of the disclosure authorized herein is:

____To facilitate mental health treatment

____To facilitate admission to medical, mental health or substance abuse treatment

____To complete intake assessment and/or mental health evaluation

____Other _____

I, the undersigned, understand that my alcohol and/or drug treatment records and mental health records are protected by federal and state regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand that some of the confidential information I have authorized to be disclosed will be generated and disclosed over the course of my future service/treatment and after the date I signed this authorization. I also understand that I may revoke this consent in writing at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically on the date or condition below:

► Expiration Date: ____/____/__-__ OR Condition: ►_____

_____ _____/_____/_____

Signature of Parent/Legal Guardian/Client Date initiated

_____ _____/_____/_____

Signature of Spouse/Minor/Other Date initiated

*Parent/guardian signature required for minors under age of consent. Parent/guardian signature is required for all minors when parent's/guardian's insurance is being billed for services.

_____ _____/_____/_____

Jennifer C. Barber, LICSW Date initiated