

## RELEASE OF INFORMATION/AUTHORIZATION TO DISCLOSE

In order for MindfulGen (AKA Mindful Generation) to disclose privileged and/or confidential information regarding a client, in most cases we must have the client and/or the client's parent or legal guardian give an "expressed and informed consent" for such disclosure. "Express and informed consent" means consent, which is voluntarily given in writing, by a competent person, after sufficient explanation and disclosure of what is being authorized, enabling the person to make a knowing and willful decision without any element of force or deceit.

I, \_\_\_\_\_, authorize MindfulGen, a therapy practice, to release the following information to the person or organization named below:

Name of Person/Organization: \_\_\_\_\_ Phone \_\_\_\_\_

Information to be Released: \_\_\_\_\_

The information that may be used or disclosed includes (check applicable box):

All treatment records; \_\_\_\_\_

Record of treatment during the following time period: \_\_\_\_\_

Other records (describe) \_\_\_\_\_.

I understand that this release of information is voluntary and that I may revoke it at any time by providing written notice to MindfulGen. I understand that revoking this release of information will not affect any actions taken in reliance on it before I revoked it.

I understand that I have the right to request a copy of any information released under this authorization.

I understand that my protected health information will be protected by state and federal laws, including the Health Insurance Portability and Accountability Act (HIPAA).

Signature of Client: \_\_\_\_\_

Date: \_\_\_\_\_