

Jeri Lea Kroll, LMSW, LLC

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Consent for Release or Exchange of Confidential Information

Name of Child/Client: _____ **Date of Birth:** _____

I hereby authorize the release and/or exchange of information between **Jeri Lea Kroll, LMSW, IMH-E® (IV)** and the following individual or organization:

Name: _____

Address: _____

Phone: _____ **Fax:** _____

Type of information to be released or exchanged:

- | | | |
|---|--|---|
| <input type="checkbox"/> Assessments | <input type="checkbox"/> Medications | <input type="checkbox"/> Progress reports |
| <input type="checkbox"/> Behavior/Treatment Plans | <input type="checkbox"/> Relevant case notes | <input type="checkbox"/> Goals/Objectives |
| <input type="checkbox"/> Psychological testing | <input type="checkbox"/> Diagnosis | <input type="checkbox"/> Other testing: _____ |
| <input type="checkbox"/> Case consultation | <input type="checkbox"/> Grade reports | |

Other: _____

- This is a **reciprocal** or **one way** release (please circle one).
- This release of information is valid until _____ (date or event) or for one year from this unless revoked by me in writing prior to this date or event.
- *Re-disclosure or transfer is expressly prohibited by law.*
- I understand that I may withdraw this consent in writing at any time except to the extent that the individuals or organizations identified above have already taken action in reliance upon it. It is valid only for the purpose, information, agencies, and persons cited above.
- My signature indicates that I am aware I have the right to know exactly what information is being disclosed. I have read this form and/or have had it explained to me in language I understand. A copy of this form will suffice in the place of an original.

Client Signature Date

Parent or Guardian Signature Date

Witness Date