

**STRONGGirls**  
Authorization for Release of Information

Client Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_

I give authorization and permission to:

Creative Wellness/StrongGirls Staff:

To: release to \_\_\_\_\_ obtain from \_\_\_\_\_ exchange with  \_\_\_\_\_

Jefferson County Department of Human Resources  
Name

1321 5<sup>th</sup> Avenue South  
Street Address or PO Box Address

Birmingham, Alabama 35202 (205) 918-5100  
City State Zip Code Phone Number

Information regarding my medical/psychological treatment/drug history & treatment/behavior

Purpose of Release: To obtain/exchange/release information minimally necessary for continuum of care

Information to be released /obtained:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Intake and psychosocial   | <input type="checkbox"/> Psychiatric consult & evaluation materials    |
| <input checked="" type="checkbox"/> Treatment summary including diagnosis   | <input checked="" type="checkbox"/> Psychological testing & evaluation |
| <input type="checkbox"/> Discharge Summary  | <input checked="" type="checkbox"/> Case Summary                       |
| <input type="checkbox"/> Other: <u>Any records or information deemed necessary by the staff for continuum of care</u> |  |

Restrictions: None

It is understood that the duration of this consent will not be longer than would be necessary and reasonable to carry out the purpose for which it is given, and that I may revoke this consent in writing at any time. In the event that I revoke my consent, I understand that it shall not apply to any actions taken prior to the effective date of the revocation.

Date this expires: January 31, 2015.

I, the undersigned, her acknowledge that I have read this authorization prior to its execution and fully understand the nature of this release.

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent or guardian must sign if the client is under 18 yrs. old)

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notice to Recipient of Release:** This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2.