



**Center for  
Safety & Healing**  
COMPASSION | HOPE | RESILIENCE

**Release of Information Form**

**Client Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Client ID/Record Number (if applicable):** \_\_\_\_\_

**Authorization to Release Information**

I, \_\_\_\_\_, hereby authorize **Resolve Wellness/The Center for Safety and Healing** to disclose and/or exchange my protected health information (PHI) as described below.

**Information to Be Released**

The following specific information may be disclosed:

- Diagnosis
- Treatment plans
- Progress notes
- Dates of service
- Medication information
- Psychological evaluations
- Discharge summary
- Other: \_\_\_\_\_

**Purpose of Disclosure**

This information is being disclosed for the following purpose(s):

- Continuity of care
- Coordination with other healthcare providers
- Legal purposes
- At the client's request
- Other: \_\_\_\_\_

**Recipient of Information**

The information may be released to and/or obtained from:

Name/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number (if applicable): \_\_\_\_\_

**Expiration of Authorization**

This authorization will expire:

- On the following date: \_\_\_\_\_
- Once the following event occurs: \_\_\_\_\_
- At the end of treatment

**Client Rights**

- I understand that I have the right to revoke this authorization at any time, except to the extent that action has already been taken based on this authorization.
- I understand that the information used or disclosed based on this authorization may be subject to re-disclosure by the recipient and no longer protected by federal privacy regulations.
- I understand that I have the right to refuse to sign this authorization, and that my treatment, payment, or eligibility for benefits will not be conditioned on signing this form.

**Signature**

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

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

If signed by a legal representative, specify relationship to the client: \_\_\_\_\_

Therapist/Provider Signature: \_\_\_\_\_

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

