

Actively Engaging in your Journey of *Creating Balance* LLC

W314 N 720 Hwy 83, Delafield, WI 53018

262-894-3540 Fax 262-303-4765



Client: _____

D.O.B.: _____

Address: _____

City, State, Zip: _____

Phone: _____

Authorization to Release and/or Obtain Confidential Information

_____, I, _____, authorize Creating Balance LLC and Psychotherapist Maureen Pohle LPC to release the information specified below regarding me/the client or legal guardian of said client to the individual/agency/clinic listed below.

_____ and to receive information from them.

Individual/Agency/Clinic _____ Phone _____
Address _____ FAX _____
City, State, Zip _____

The information, written and/or verbal to be disclosed is checked below.

- | | |
|----------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Initial Assessment | <input type="checkbox"/> Compliance with Treatment |
| <input type="checkbox"/> Treatment Plan/ Review/ Summary | <input type="checkbox"/> All records |

I understand that the purpose of this release is to assist with my client's treatment by improving communication between professional service providers or agencies. I have been informed of the risks to privacy and limitations on confidentiality of the use of electronic means of information transfer, and I accept these. I further understand that if the person/agency/clinic listed above is not governed by applicable federal and state laws and administrative codes, the confidential information disclosed as a result of this authorization may no longer be protected from further re-disclosure without obtaining my authorization.

I understand that I may revoke this release at any time, except to the extent that it has already been acted upon. This release will expire ___one year from this date, ___upon my discharge from treatment by this clinic or by the person specified above, or ___under these circumstances: _____

Signature of Client or legal representative Printed Name Date _____

Witness Printed Name Date _____