

3150 El Camino Real, Suite C, Carlsbad, CA 92008
701 Garden View Court, Suite 22, Encinitas, CA 92024
www.debrakresch.com

AUTHORIZATION FOR RELEASE / EXCHANGE OF INFORMATION

I understand that my records may be protected under the Federal Confidentiality Regulations (42CFR Part 2) and, if so, cannot be disclosed without my written consent unless otherwise provided for in the regulations and/or under the provisions of the CA Civil Code §56 Chapter 2.

I understand that my records may contain information regarding my mental health, substance use or dependency, sexuality, suicidality, and may contain confidential HIV (AIDS) related information. I further understand that by signing below, I am authorizing the release or exchange of these records to the parties named below. I understand that I may revoke this authorization at any time, except to the extent that action has already been taken, by giving written notice to these parties.

Client Name

Date of Birth

I authorize **Debra K. Kresch, LCSW, LMFT**, to release to, exchange with, or obtain from the parties I have indicated below at the following addresses:

Phone # _____ FAX # _____

I authorize the release/exchange of the following medical records and information:

- Assessment and diagnosis
- Treatment Plans
- Summary of Psychological testing
- Medication history
- Discharge Summary
- Other: _____

This information is required for:

- Summary of previous treatment
- Continuity of care
- Insurance/managed care review
- Other: _____

This consent to release information shall expire, unless otherwise provided by state law, 90 days after termination of treatment.

Signature of Client/Legal Guardian	Relationship to Client (if applicable)	Date
X		
Signature of Minor Client		Date
X		
Signature of Witness		Date
X		

To the party receiving this information: This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations (42) CFR Part 2 prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.