



MIDWEST CHRISTIAN SERVICES

Release of Information

I authorize Midwest Christian Services

_____ to disclose and deliver to: _____ receive information from: _____

_____ in regard to services rendered to:

Name: _____

Date of Birth: _____

Specific information to be released via telephone, verbally or written report will consist of:

- | | |
|---|---|
| <input type="checkbox"/> Social History | <input type="checkbox"/> Group Therapy Summary |
| <input type="checkbox"/> Treatment Plan | <input type="checkbox"/> Family Therapy Summary |
| <input type="checkbox"/> Progress Reports | <input type="checkbox"/> Discharge Summary |
| <input type="checkbox"/> Individual Therapy Summary | |

I understand I have the right to see this information at any time. I can revoke my consent by writing to both the person giving and the person receiving the information. But any information already released may be used as stated on this consent. This release is valid for a period of ninety (90) days past the date of discharge. This consent is not automatically renewable. It expires automatically at the end of the period specified unless revoked sooner. I have read this release form, or it has been read to me and I understand its contents.

Signature: _____

Relationship: _____

Date: _____