

  
**Christopher & Associates**  
**Evaluation & Counseling Center, Inc.**

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Suite A  
Seymour, Indiana 47274

Phone: 812-523-0386  
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**Consent for Release or Exchange of Confidential Information**

I, \_\_\_\_\_ Date of Birth \_\_\_\_\_  
                    First                    MI                    Last  
Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Authorize CHRISTOPHER & ASSOCIATES to exchange with/disclose to:

\_\_\_\_\_  
Name of individual or organization to which disclosure is made

The following information:

<input type="checkbox"/> Psychological Intake	<input type="checkbox"/> Treatment Summary
<input type="checkbox"/> Diagnosis	<input type="checkbox"/> Progress Notes
<input type="checkbox"/> Assessment	<input type="checkbox"/> Recommendations
<input type="checkbox"/> Treatment Plan	<input type="checkbox"/> Closing Summary
<input type="checkbox"/> Other _____	

The purpose for disclose:

For treatment of client  
 To collaborate with treatment team  
 To comply with doctor referral  
 To comply with court order  
 Other \_\_\_\_\_

I understand that my records are protected under the Federal Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise specified in the regulations. I understand that this release also includes any reference to substance abuse treatment as protected by federal law. I also understand that I may revoke this consent at any time, except to the extent that action has already been taken. This release will remain valid until either I request revocation, been terminated from this program or upon expiration in 60 days. I allow this authorization to remain in effect after the 60 days have expired as long as I am still being provided services and I have not revoked this request in writing. The receiving agency understands that it cannot re-release any of the confidential information received.

\_\_\_\_\_  
Signature of client

\_\_\_\_\_  
Date of signature

\_\_\_\_\_  
Signature of client's legal guardian (if applicable)

\_\_\_\_\_  
Signature of witness