

Family Enrichment LLC

5230 Hickory Park Drive, Suite A, Glen Allen, VA 23059

Phone: (804)572-4000

AUTHORIZATION FOR REQUEST AND RELEASE OF INFORMATION

Client Name: _____

Date of Birth: _____

Persons or Agencies for Request/Release:

Name: _____

Affiliation: _____

Name: _____

Affiliation: _____

Name: _____

Affiliation: _____

Name: _____

Affiliation: _____

I hereby give my consent to Request Release the following information:

Written

_____ Psychiatric

Verbal

_____ Medical Report

Full Written and Verbal Disclosure

_____ School Reports/Records

Treatment History

_____ Employment Records

Treatment Recommendations

Reason for Referral

_____ Psychological Evaluation

_____ Legal Information

_____ Discharge Summary

_____ Legal Record

_____ Insurance Information

_____ Court Order

Other: _____

I was informed of the information requested and/or released. I understand that treatment services are not contingent upon my decision concerning the signing of this release. This release is valid for one year unless noted otherwise. I may revoke this authorization at any time by informing a representative of Family Enrichment, LLC in writing.

Signature of Client: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____

This information is confidential and is protected by Federal Law. This consent is subject to patient revocation at any time except to the extent that action has already been taken.

A PHOTOCOPY OF THIS COMPLETED FORM IS CONSIDERED AS VALID AS THE ORIGINAL.