

Two-Way Records Release

Date: Cli	ent's name	e:			
DOB:	Age:	SSN:			
Parent/Guardian's name	(if applical	ble):			Relationship to client
f there is a custody agree	ement:	Shared	Sole	Joint	Other:
Who has legal decision-m	aking pow	ver for medi	cal/psych	ological 1	reatment?
Signature of legal decision			t:		
Patient's phone number:			Add	ress:	
l authorize a two-way rele	ase of reco	ords/inform			following
I authorize a two-way rele individuals/facilities and B Facility/Person: Phone:	ease of reco Building Blo	ords/inform ocks Family (Counseling - _		following
I authorize a two-way rele individuals/facilities and B Facility/Person: Phone: Fax: Type: Entire record Insurance info Other	ease of reco Building Blo Attend Evalua	ords/inform ocks Family (ance tion Results	Counseling - 		following

implications as a regular signature.

Signature