AUTHORIZATION FOR RELEASE AND EXCHANGE OF INFORMATION

I, ___________________________, *D.O.B.*____/____/____, authorize the following individual(s) or agencies to ***release*** the indicated information regarding: ❑ myself, and/or: ❑______________________; *D.O.B.*____/____/____, and/or ❑ ***My Family***, in ***verbal*** or ***written*** form to each other.

(Check boxes to allow either or both parties to release information to each other)

RESOLVING CONCERNS **MARK R. YOUNG, INC.** **427 S. STEPHENSON, AVE.** **SUITE 203** **IRON MOUNTAIN, MI 49801** **(906)776-4357**		**Information to be Released:**
❑	❑	treatment summary
❑	❑	medication list (past or present)
❑	❑	psychological evaluation and/or testing
❑	❑	alcohol / substance history of usage †
❑	❑	school related recommendations
❑	❑	social history/initial assessment
❑	❑	other:
❑	❑ *Initial*_________	*Exchange of information by* ***EMAIL***

Purpose of disclosure:

❑	Coordination of medical and/or mental health treatment and services	❑	Legal request for information
❑	Court ordered treatment	❑	Patient possession of records
❑	Insurance company request	❑	Other:

This authorization is valid for **one year** following the date of signature, unless I choose to revoke my authorization prior to that time. *Mark R. Young, Inc. & Resolving Concerns, employees,* affiliates and associates are hereby released from the legal responsibility or liability for the release of information to the extent indicated and authorized herein. A photocopy of this authorization constitutes a valid authorization.

______________________________ ________________ ___________________________ ______________

Client/Patient signature Date *Witness Signature* *Date*

______________________________ ________________

Parent or Guardian Signature *Date*

NOTICE TO RECIPIENT:
The recipient of any attached or enclosed information is not authorized to use this patient's medical records for any purpose other than for that stated above, and may NOT disclose any information from the record to any other person or facility without specific written authorization from the patient.

REV. 29 March 2017