COMPASSIONATE PATHWAYS COUNSELING
Finding Your Way Through

17505 N 79th Ave Ste 213
Glendale, AZ 85308
T: 480.498.7600 F:855.526.4313
mandy@compassionatepathways.us
www.compassionatepathways.us

Request/Authorization to Release Confidential Records and Information

Client Name_____Date of Birth_____

Address_____

Phone_____ Email_____

I hereby authorize Mandy Schulzke, LPC, and Compassionate Pathways Counseling to release, request, or exchange information with the following:

Name (person or agency) _____

Address_____

Phone_____ Email_____

Purpose of Release (please initial):

____Coordination of Care ____Further Evaluation, Treatment, or Care

____Staffing or Consultation ____Attendance in Session

____Payment of Services ____Treatment Planning

____Other _____

The Information to be Disclosed (please initial):

____Treatment Summary ____Progress Notes

____Protected Health Information ____Other _____

I have had explained to and fully understand this request/authorization to release records and information, including the nature of the records, their contents, and the consequences and implications of their release. This request is entirely voluntary on my behalf. I understand I my take back this consent at any time, in writing, expect to the extent that action based on this consent has already been taken. This consent will expire automatically after one year from the date on which it is signed, or upon fulfillment of the purposes stated above.

Client/Parent Signature_____ Date_____

Witness Signature_____ Date_____