



1200 N. Thornton St., Suite H Clovis, NM 88101
Ph. 575-935-4411/Fax 575-935-0400
RELEASE OF INFORMATION

Client Name (Print) _____ DOB _____

Address _____
Street City State Zip

I hereby authorize (Agency Name) _____

Attention (Name & Title): _____

To release the following information for the purpose of coordination of care & treatment planning.

- Admission History & Physical
Discharge Summary or Certificate of Completion
Psychiatric/Psychological Evaluation
Treatment Plan
Progress/Treatment Summaries
School Records (report cards, discipline, teacher observations, IEP)
Diagnosis, Functional status, Prognosis
Medical Records from _____ to _____
Legal Records (excludes attorney/client privilege)
Psychosocial Assessment
Domestic Violence/Anger Assessment
Intake Information
Substance Abuse Assessment (protected under 42 CFR Part 2)
Chronological Offense Records
Probation/Parole Agreement
Court Orders
Consultation/Dialogue (phone, in-person, secure email, fax)
Referral Information/Service Plan
Placement History
Educational Tests/Evaluations
Attendance/Progress Reports
Other _____

*****MH/BH Psychotherapy Notes (actual notes excluded as defined in 45 CFR 164.501 - unless subpoena is issued)*****

The information shall be released to (Agency Name) _____

Attention (Name & Title): _____

Life Skills Learning Center reserves the right to charge a fee for copies of requested records - \$1.00 per page.

I agree to pay \$ _____ for _____ pages.

Signature required _____

PROHIBITION ON REDISCLOSURE: Federal Law & State Regulations prohibit further disclosure of this information to any Persons or Agency without securing another proper written authorization for that purpose.

This is valid for one (1) year after the date of this signature or until either party terminates in writing. I expressly understand and agree that no legal responsibility or liability of any nature shall be to the respondent, the agency or its employees in acting upon this authorization and request.

Signature of Client _____

Date _____

Signature of Parent/Legal Guardian (if applicable) _____

Date _____

Signature of Life Skills Staff _____

Date _____