

Mary Guzik LCSW
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REQUEST FOR AND AUTHORIZATION TO RELEASE AND/OR EXCHANGE
RECORDS AND/OR INFORMATION

I _____ hereby authorize Mary Guzik LCSW and
If client is minor, parent/guardian's name
_____ to release and/or exchange from
Name & phone # of person, agency, facility, clinic, school, hospital, clergy, etc.)
the records of _____ for the purpose of further mental
Client's name
health, psychological, psychiatric evaluation, treatment of care, rehabilitation, pro-
gram development, treatment planning, research, and/or

The following information from the records is to be released:

- | | |
|-------------------------------------|-------------------|
| Intake and Discharge summary | Psych Evaluations |
| Medical History and Evaluations | Progress Notes |
| Developmental and/or social History | Closing Summary |
| Educational Records | Treatment Summary |
| Other _____ | |

These records concern the time between ____ and _____. HIV related information as well as information related to the use of drugs and alcohol in these records will be released under this consent unless indicated here...Do not release _____

I fully understand this authorization and request to release or obtain records and information from my records as to the nature of the records, their contents, the consequences and implications of the release, and my request is wholly voluntary on my part. I hereby release the source of these records from any liability arising from their release. I authorize the parties above to talk by telephone about my referral, diagnosis, treatment and similar topics relevant to the above listed purposes for this release of records. I understand that provisions of services are not contingent upon this release of records.

I understand that I may revoke this consent at any time except 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 above purpose.

Signature of Client Date

Signature of Witness Date

Signature of Parent/Guardian Date

I understand that I have a right to receive a copy of this document. Copy requested, Yes ___ No ___