

# AUTHORIZATION FOR RELEASE OF INFORMATION

between

## Kate Cavett Associates

Saint Paul, MN

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**AND**

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone numbers \_\_\_\_\_

### To exchange information with:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

phone number \_\_\_\_\_ phone number \_\_\_\_\_ Email \_\_\_\_\_



**CHECK INFORMATION THAT MAY BE OBTAINED**



**CHECK INFORMATION THAT MAY BE RELEASED**



Verbal and/or written exchange of information



Probation and/or Law Enforcement Information / Police Report



Behavioral & Life Style Information



School information— academic testing, special education, IEP, attendance, behaviors.



Any alcohol or other drug related data



Treatment records, Progress reports, Discharge Summary



Medical related information



Court Services Summary



Alcohol & Other Drug Evaluation



\_\_\_\_\_



Psychiatric /Psychological testing or Evaluation



\_\_\_\_\_



\_\_\_\_\_

This consent may be withdrawn or revoked by the client at any time. \_\_\_\_\_ Revocation Date: \_\_\_\_\_ Initials: \_\_\_\_\_  
This consent expires one year from date signed.

Signature of client \_\_\_\_\_ Date \_\_\_\_\_

Signature or Parent / Guardian / Legal representative \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_