

AUTHORIZATION FOR RELEASE OF INFORMATION

between

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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This consent may be withdrawn or revoked by the client at any time.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