

# Authorization for Release/Exchange of Information

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## Adrian Public Schools

615 Springbrook Avenue, Adrian, MI 49221  
Phone: (517) 263-0543 Fax: (517) 265-5381

## Parkside Family Counseling, LLC

805 West Maumee Street, Adrian, MI 49221  
Phone: (517) 266-8880 Fax: (517) 266-8881

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I authorize Parkside Family Counseling, LLC, in partnership with Adrian Public Schools to exchange/release written and verbal information via Ms. Fowler, LLMSW and/or Ms. Nieto, LLPC regarding:

\_\_\_\_\_  
Name of Client

\_\_\_\_\_  
Date of Birth

To/With: \_\_\_\_\_

\_\_\_\_\_  
Name of Agency and Staff Person

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

### Please Check Information to be Released or Exchanged

Initial Assessment/Evaluation \_\_\_\_\_

Past Treatment Information \_\_\_\_\_

Psychiatric Evaluation \_\_\_\_\_

Current Treatment Plan/Information \_\_\_\_\_

Psychological Evaluation \_\_\_\_\_

IEPC Documents \_\_\_\_\_

Probation/Court Records \_\_\_\_\_

Other School Reports \_\_\_\_\_

Referral Information \_\_\_\_\_

Identifying Information \_\_\_\_\_

Medication Information \_\_\_\_\_

Treatment Concerns \_\_\_\_\_

Substance Abuse Tx/Information \_\_\_\_\_

Recommendations \_\_\_\_\_

CA-60 File \_\_\_\_\_

School Disciplinary Reports \_\_\_\_\_

School Attendance Reports \_\_\_\_\_

School Academic Reports \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

The purpose of this Release of Information is to determine eligibility for and coordination of service and/or to facilitate treatment planning. This release will be valid for one year from the signature date. It may be revoked by the client or guardian, in writing, any time within this time frame. Persons or agencies receiving information may not further release it without the informed written consent of the client or guardian.

\_\_\_\_\_  
Requesting Clinician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client/Parent/Guardian Signature

\_\_\_\_\_  
Date