



Mindful Healing and
Behavioral Solutions LLC

The Road Home to Mental Well
Being

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Request/Authorization to Release Confidential Records and Information

A. Person or facility: _____

Address: _____

Phone: _____

B. Identifying information about me/the patient

Name: _____

Address: _____

Phone: _____ Birthdate: _____ Social Security #: _____

Parent/guardian (if applicable): _____

Address and phone of parent/guardian: _____

C. I hereby authorize the source named above to send, as promptly as possible, the records marked by an X in the boxes below. (The items not to be released have a line drawn through them.) Page numbers are indicated where appropriate. Written dates (other than those regarding inpatient admission/outpatient treatment) indicate when those records were mailed to the requester.

Inpatient or outpatient treatment records for physical and/or psychological, psychiatric, or emotional illness or drug or alcohol abuse:

Date(s) of inpatient admission: _____ Date(s) of outpatient treatment: _____

Other identifying information about the service(s) rendered: _____

Psychological evaluation(s) or testing records, and behavioral observations or checklists completed by any staff member or by the patient.

Psychiatric evaluations, reports, or treatment notes and summaries.

Treatment plans, recovery plans, aftercare plans.

Admission and discharge summaries.

Social histories, assessments with diagnoses, prognoses, recommendations, and all similar documents.

Information about how the patient's condition affects or has affected his or her ability to complete tasks, activities of daily living, or ability to work.

Workshop reports and other vocational evaluations and reports.

Billing records.

Academic or educational records.

Report of teachers' observations.

Achievement and other tests' results.

A letter containing dates of treatment(s) and a summary of progress.

HIV-related information and drug and alcohol information contained in these records will be released under this consent unless indicated here: Do not release.

Other: _____