

# Applied Therapies *And Wellness Center, S.C.*

## RELEASE OF INFORMATION

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
 I authorize Applied Therapies & Wellness Center, S.C. to: \_\_\_release to \_\_\_obtain from (CHECK ONE OR BOTH)

Name of Individual / Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

SPECIFIC INFORMATION TO BE RELEASED  
**BY**  
 APPLIED THERAPIES AND WELLNESS  
 CENTER, S.C.

SPECIFIC INFORMATION TO BE RELEASED  
**TO**  
 APPLIED THERAPIES AND WELLNESS  
 CENTER, S.C.

	Y	N
History & Physical Examination	___	___
Psychological Evaluation	___	___
Psychiatric Evaluation	___	___
Social Assessment	___	___
Aftercare Plan	___	___
Discharge Policy	___	___
General / Verbal Information	___	___
Other: _____	___	___

	Y	N
History & Physical Examination	___	___
Psychological Evaluation	___	___
Psychiatric Evaluation	___	___
Social Assessment	___	___
Aftercare Plan	___	___
Discharge Policy	___	___
General / Verbal Information	___	___
Other: _____	___	___

**PURPOSE FOR THE DISCLOSURE OF INFORMATION:**

- |   |     |    |
|---|-----|----|
| A. To assist in the treatment process.            | YES | NO |
| B. To facilitate family involvement in treatment. | YES | NO |
| C. Other reasons (specify if YES if circled).     | YES | NO |

I hereby hold Applied Therapies & Wellness Center, S.C. and its agents and officers harmless from any acts taken consistent with this authorization. I am also aware that I have the right to access to any information received from or released to Applied Therapies & Wellness Center, S.C. I understand that reports released may include psychiatric, alcohol and/or other drug abuse records. This consent may be revoked by me at any time, except to the extent that action has been taken in reliance thereon. I also understand that this consent, unless revoked earlier, shall be valid for one year and that a copy of this release will be considered as valid as the original. This release is executed in conformity with 42CFR, 2.31(b).

\_\_\_\_\_  
Signature of Client (Parent / Guardian Signature if client is a minor)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Revocation

\_\_\_\_\_  
Date