

# Prepare To Bloom Authorization for Release of Information

Client Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

I authorize Prepare To Bloom to:    \_\_\_ release information to  
  \_\_\_ obtain information from  
  \_\_\_ release information to and obtain information from

Name of provider and/or facility: \_\_\_\_\_

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

\_\_\_\_\_  
City, State Zip code

Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_

In addition to verbal exchange, the records covered by this authorization include (check all that apply):

- \_\_\_ Psychological Assessments
- \_\_\_ Grade/Transcripts
- \_\_\_ Court documents/Attorney's records
- \_\_\_ Treatment Records (including mental health, medical and substance abuse)
- \_\_\_ School Counseling Records
- \_\_\_ Other: \_\_\_\_\_

This authorization is subject to the following conditions:    \_\_\_ remain effective for one year from date signed  
  \_\_\_ remain effective until \_\_\_\_\_

I understand that I do not have to sign this authorization and that my refusal to sign will not effect my ability to obtain services. I may cancel this authorization at any time by submitting a written request to Prepare To Bloom, LLC, except where a disclosure has already been made in reliance on a prior authorization. If the person or facility receiving this information is not a health care provider covered by privacy regulations, the information stated above could be re-disclosed. This form, when completed and signed by you, a client of Prepare To Bloom, LLC or his/her legal representative, authorize Prepare To Bloom, LLC and its staff to release, request or exchange information from your records to the person(s) you designate.

I furthermore release all parties stated here within from any legal liability resulting from the release of this information, with the understanding that all parties involved will exercise appropriate safeguards while using this information.

Signature of Client/Representative: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to Client    \_\_\_ Parent(s)                    \_\_\_ Self  
                                  \_\_\_ Legal Guardian            \_\_\_ Other \_\_\_\_\_