

Inner Clarity, LLC
Robyn DeRespinis, LCSW

33 Village Court, Hazlet, NJ 07730

Phone: (732) 759-0881

Authorization to Release Psychiatric Records

Patient Name	Birthdate
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I hereby authorize the following release:

Inner Clarity, LLC, its agents, employees, or servants may disclose my psychiatric and/or psychological records and information obtained in the course of my diagnosis and treatment facility to:

Name	Agent/Facility/School/Physician
Street Address	Phone

Who may, in turn, release psychiatric and/or psychological records and information to Inner Clarity, LLC. Personal contact, including phone calls and face-to-face meetings, may be initiated by either party when deemed necessary, within the time-frame specified.

Purpose (s) of Release

Such disclosures shall be limited to the following specific information.

<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> Psychiatric History & Medical Status	<input type="checkbox"/> Lab Results
<input type="checkbox"/> Progress Notes	<input type="checkbox"/> Result of psychological tests	<input type="checkbox"/> Educational Assessments & Reports

This consent is subject to revocation by the undersigned at any time, except to the extent that action has been taken in reliance thereon and, if not earlier revoked, it shall terminate when I stop receiving services from Inner Clarity, LLC. Law prohibits release or transfer of the disclosed information to any person or entity not specified herein. An additional consent must be obtained for further transfer of information. I understand that I have the right to receive a copy of this authorization if I so request. (A copy is as valid as the original).

I am fully aware that certain state and federal statutes and regulations require that I voluntarily sign this document before Inner Clarity, LLC can release records, and that I may refuse to sign my signature, but in the event the records cannot and will not be released by Inner Clarity, LLC. I free both above named parties of any liabilities if ever I revoke my decision to release the data.

Client Signature	Date	Witness Signature	Date
Parent/Guardian Signature	Date	Therapist Signature	Date