Authorization for Release of Information (ROI)
Conifer Counseling, PLLC
7220 Woodlawn Ave NE, Suite 305
Seattle, WA 98115

_____
Name of Client

_____
Date of Birth

I understand that Washington state law requires each client's consent for the release of confidential information related to mental health. With this understanding, I hereby waive any right to confidentiality arising under state law and authorize the release of records of information, but only to the extent specified below.

I authorize Conifer Counseling to release and/or receive the following information concerning myself or my child:

_____ Diagnostic Evaluation Results   _____ Educational Records

_____ Progress Notes   _____ Treatment Plan

_____ Treatment Summary   _____ Discharge Reports

_____ Any and All Records   _____ Other _____

The above information is only to be released to and/or from the following party:

_____
Name and/or Agency

_____
Address, City, State, Zip Code

This information is to be used for the purposes of:

_____ Continued Treatment   _____ Scheduling Appointments

_____ Billing Purposes   _____ Other _____

This authorization shall remain in effect until one year after the date of signature, at which time it shall expire and no further release of information shall be made under its terms. I understand that I do not need to sign this form to receive treatment. I understand that I can revoke this authorization at any time by giving written notice

to the parties named above. I understand that I have the right to examine and copy the information disclosed. I understand that protected health information disclosed pursuant to this authorization may be re-disclosed by the recipient(s) to other individuals or organizations that are not subject to privacy protection laws. I also hereby release Conifer Counseling, PLLC from all legal responsibilities and liabilities that may arise from the release of such protected health information.

I hereby release the parties named above from any liabilities for release of this information.

_____   _____
Signature of Client/Parent   Date

_____   _____
Signature of Witness   Date