

Heather Roberts, LMSW  
Valley Christian Counseling  
5151 Research Drive NW, Huntsville, AL 35805  
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REQUEST/AUTHORIZATION FOR RELEASE OF INFORMATION

Client Name: \_\_\_\_\_ Client DOB: \_\_\_\_\_  
Phone number: \_\_\_\_\_

I HEREBY AUTHORIZE Heather Roberts, LMSW TO RELEASE To: ☐ TO RECEIVE FROM: ☐

Name: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

The disclosure is at the request of the above-named client and for the purpose of:  
☐ Continuity of Care ☐ Legal ☐ School ☐ Transfer of Care  
☐ Other: \_\_\_\_\_

The type and amount of information to be used or disclosed:  
☐ Entire Client Record ☐ Medication Records ☐ Emergency Contact  
☐ Treatment Plans ☐ Laboratory Results ☐ Financial  
☐ Verbal Communication ☐ Psychiatric Evaluations ☐ Client Progress Notes  
☐ Assessment Reports ☐ Diagnostic Testing  
Form(s): \_\_\_\_\_

My legal representative or I hereby authorize the use or disclosure of information about the above-client and I understand that:

1. I may refuse to sign this authorization. I understand that my refusal to sign a release for my referral source will result in no communication between Heather Roberts, LMSW and the referral source.
2. I have the right to revoke this authorization orally or in writing. Any revocation will be effective only to the extent that action has not been taken in reliance on my prior authorization.
3. Unless revoked, this authorization will expire on \_\_\_\_\_. (If left blank, this authorization will automatically expire upon termination of services).
4. By signing below, I recognize that the protected health information used or disclosed pursuant to this authorization may be subject to re-disclosure by the receipt of this disclosure.
5. Treatment will not be based on my signing this authorization.
6. I can receive a copy of this authorization upon request.

\_\_\_\_\_  
Print Client Name or His/Her Legal Representative

\_\_\_\_\_  
Relationship of Legal Representative to Client

\_\_\_\_\_  
Signature of Client Name or His/Her Legal Representative

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Witness (Heather Roberts, LMSW)

\_\_\_\_\_  
Date Signed