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www.JoumasConsulting.com

Individual, Couple & Family Therapy
Children, Adolescents and Adults
(602) 494-1724 FAX

AUTHORIZATION FOR RELEASE AND / OR EXCHANGE OF INFORMATION

I understand that my records and information obtained during consultation / therapy are confidential and protected under the federal regulations governing *Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFT Prt 2*, and cannot be disclosed, exchanged or obtained without my written consent unless otherwise provided for in the regulations.

I also understand that I may revoke this authorization at any time, except to the extent that information based on this authorization has already been released, exchanged or obtained. This consent will automatically expire:

60 Days post completion of treatment Other _____

Information to be Released, Exchanged, and/or Obtained:

Psychological Psychiatric Educational Testing Medical Alcohol Drug
 Other _____

Specific Information to be Released, Exchanged, and/or Obtained:

Diagnosis Dates of Treatment Treatment Plan Treatment Progress Discharge Summary
 Test results / data History and Physical Lab results Summary of Treatment
 Complete records Other _____

Purpose

Facilitate treatment, coordinate services and assure continuity of care To assist in making referral
 Communication with insurance or managed care case management To arrange leave of absence from work or return to work
 To comply with court order, subpoena, employer request, or other appropriate requests for information.
 Other _____

When completed and signed, this document authorizes the release and/or exchange of confidential information regarding the following patient:

Name: _____ Date of Birth _____

Between: **George J. Joumas, MA, CPC - Joumas Consulting**, 4545 E. Shea Blvd., Suite 112,
Phoenix, Arizona 85028 (602) 392-2012 / (602) 494-7110 , (602) 494-1724 Fax www.JoumasConsulting.com

and **RELEASE** _____

Signature of Patient / Parent / Legal Guardian **Date**

Witness **Date**

and **OBTAIN** _____

Signature of Patient / Parent / Legal Guardian **Date**

Witness **Date**