JESSICA CAMPBELL, PCC, LLC
Professional Clinical Counselor
10921 Reed Hartman Highway, Suite 209 D
Cincinnati, OH 45242

Authorization to Release/Obtain Confidential Information

Name of patient: _____ Date of birth: _____

Name of parent/guardian:_____

I understand that the purpose of this release is to assist with my/my minor child's treatment by improving communication between professional service providers or agencies and the important individual(s) in my/my minor child's life. To further this goal, I authorize Jessica Campbell, PCC, to release the below-specified information regarding me/my minor child to the individual(s) listed below, and to receive information from them.

The information to be disclosed is marked by an X in the boxes below, and any items not to be released have a line drawn through them:

❑ Any/all confidential information regarding diagnosis and treatment.

OR LIMIT INFORMATION TO:

❑ Name of therapist/case manager ❑ Name(s) of treatment program(s)

❑ Admission/discharge information ❑ Treatment plan ❑ Scheduled appointments

❑ Progress notes ❑ Compliance with treatment ❑ Discharge plans ❑ Treatment summary

❑ Psychological evaluation ❑ Medications ❑ Other: _____

This information is to be disclosed to these persons, who have the indicated relationship to me/my minor child:

_____	_____	_____
Name of person	Relationship	Contact Information
_____	_____	_____
Name of person	Relationship	Contact Information
_____	_____	_____
Name of person	Relationship	Contact Information

I understand that I may revoke this release at any time, except to the extent that it has already been acted upon. This release will expire ❑ one year from this date, ❑ upon my discharge from treatment by this agency or by the person specified above, or ❑ under these circumstances: _____ .

_____	_____	
Signature of client	Date	
_____	_____	_____
Signature of parent/guardian	Relationship	Date

I witnessed that the person understood the nature of this request/authorization and freely gave his or her consent, but was physically unable to provide a signature.

_____	_____	_____
Signature of witness	Printed name	Date