



# INTRAPERSONAL WELLNESS

Psychotherapy and Counseling Services

## Release of Information

I understand that Intrapersonal Wellness has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to release some of my personal information to certain individuals or agencies.

I, \_\_\_\_\_ authorize Intrapersonal Wellness to share the following specific information with:  
name

<b>Information will be shared with:</b>	Name: _____ Specific Office at Agency: _____ Phone Number: _____ Fax Number: _____
<b>What info about me will be shared:</b>	
<b>Why I want my info shared (purpose):</b>	

The information may be shared:  in person     by phone     by fax     by mail     by e-mail  
 I understand that electronic mail (e-mail) is not confidential and can be intercepted and read by other people.

Please Note: There is a risk that a limited release of information can potentially open up access by others to all of your confidential information held by Intrapersonal Wellness.

**I understand:**

- That I do not have to sign a release form. Signing a release form is completely voluntary. That this release is limited to what I write above. If I would like Intrapersonal Wellness to release information about me in the future, I will need to sign another written, time-limited release.
- That releasing information about me could give another agency or person information about my location and would confirm that I have been receiving services from Intrapersonal Wellness.
- That Intrapersonal Wellness and I may not be able to control what happens to my information once it has been released to the above person or agency, and that the agency or person getting my information may be required by law or practice to share it with others.

This release expires on: \_\_\_\_\_  
Date Time

I understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time either orally or in writing.

Signed: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Witness: \_\_\_\_\_

<b>Reaffirmation and Extension (if additional time is necessary to meet the purpose of this release)</b>		
I confirm that this release is still valid, and I would like to extend the release until _____		
	New Date	New Time
Signed: _____	Date: _____	Witness: _____



