

**GREATER SPRINGFIELD COUNSELING P.C.**

**270 Benton Drive  
East Longmeadow, MA 01028  
Phone: 413-567-9993  
Fax: 413-382-7867**

## **Authorization to Release Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I hereby authorize \_\_\_\_\_ to

Obtain from

Release to

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

the following information for the period of time from \_\_\_\_\_ to \_\_\_\_\_ inclusive:

Admission Note                       Discharge Summary                       Patient History

Medication History                       Progress Notes                       Test Reports

Case Summary                       Attendance Record Only

Continuing Exchange between \_\_\_\_\_ and \_\_\_\_\_

Other: \_\_\_\_\_

This information is needed for: \_\_\_\_\_

I understand that this information is confidential and agree that I am voluntarily consenting to its release. I also understand that I can withdraw this release at any time by giving written, dated notification.

This authorization will automatically expire 180 days from the following date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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