



Authorization for Release of Information and Consent of Treatment

I authorize that Redwood Therapy Group and the individuals and entities below may mutually disclose and release my personal health information. In initialing and signing, I am giving Redwood Therapy Group permission to disclose my health information to those individuals and entities listed below. I am also agreeing to the disclosure of information to Redwood Therapy Group from the individuals and entities listed below. This may involve any records including assessments, reports, clinical test results, professional opinions and all information relating to psychological, medical, educational, and any other pertinent information.

Upon request, I may revoke this authorization at any time by sending a written notice to Redwood Therapy Group. Any Disclosures that have been made to the individuals or entities listed below prior to this written notice, however, will not be affected by the revocation.

I understand that the information used in this authorization may be subject to re-disclosure by the recipient, and may no longer be protected by the confidentiality regulations of Redwood Therapy Group.

In listing individuals and entities below, I waive my right of privacy of information disclosed that is hereby authorized.

This authorization is only valid during treatment at Redwood Therapy Group or three months after a termination of treatment has been completed. I understand that if I wish to have information from my personal file disclosed after this time period, a new authorization will need to be completed.

Parents/ Guardian of Minor Clients:

I authorize that my child _____ may engage in services provided by Redwood Therapy Group. In signing below, I understand that I am giving consent for my child to be treated at Redwood Therapy Group. I also agree that parental involvement may be required including; family counseling, parenting skills and group counseling.

| Name | Address | Phone number | Client/ Guardian Initials |
|--------------------|---------|--------------|---------------------------|
| Insurance Company: | | | |
| Bishop/ Clergy: | | | |
| Other: | | | |
| Other: | | | |

| | |
|---|---|
| Client Name (Please Print): | Client Name (Please Print): |
| Client Signature: _____ Date: _____ | Client Signature: _____ Date: _____ |
| Parent/ Guardian Signature: _____ Date: _____ | Parent/ Guardian Signature: _____ Date: _____ |
| Witness: _____ Date: _____ | Witness: _____ Date: _____ |