



Jennifer Robbins, M.A., N.C.C., Diplomate – The American Board of Sexology
 Located at The White Picket Fence Counseling Center
 (407) 590-4038

Authorization to Release Confidential Records and Information

I hereby authorize:
 Jennifer Robbins, M.A., NCC
 Registered Mental Health Counselor Intern
 1345 Clay Street
 Winter Park, FL 32789
 407-590-4038

to release/request records and/or information about:

Name _____ Date of Birth _____
 Social Security Number _____

For the purpose of mental health evaluation, treatment planning, treatment, and/or _____.

These records concern the time between _____ and _____.

The information to be released includes:

- Intake/discharge summaries
- Medical history/evaluation
- Mental health evaluations
- Developmental history
- Educational evaluation/records
- Progress notes
- Phone contact
- Drug/alcohol records
- Confirm attendance
- Other _____

Please obtain/forward information to/from:

Name _____
 Address _____
 Phone _____ Fax _____

I have had explained to me and fully understand this authorization to release/request records and information, including the nature of the records, their contents, and the consequences and implications of their release. I understand that I may take back this consent at any time, except to the extent that action based on this consent has already been taken. This consent will automatically expire one year after the date on which it is signed, or upon fulfillment of the purposes stated above.

 Client name

 Signature of client or parent or legal guardian Date

 Jennifer Robbins, M.A., NCC, Registered Mental Health Counselor Intern Date

Located at the White Picket Fence Counseling Center
 1345 Clay Street
 Winter Park, FL 32789
counselorjar@aol.com
www.pozitivetherapy.com