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RELEASE OF INFORMATION

I, (client name) _____, DOB _____, give permission for Marise Rowell, LCPC, to speak with the following person or persons in order to share information regarding my (or my personal representee's) psychotherapy treatment.

This permission is good for:

- Assessment, Drug and Alcohol Use, Diagnosis, Medical Information, Psychosocial Evaluation, Educational Information, Psychological Evaluation, Discharge/Transfer Summary, Psychiatric Evaluation, Continuing Care Plan, Treatment Plan or Summary, Progress in Treatment, Current Treatment Update, Demographic Information, Medication Management Information, Psychotherapy Notes, Presence/Participation in Treatment, Any information relevant to psychotherapy, HIV status, Other: _____

NAME of OFFICE/PERSON(S): _____

ADDRESS: _____

_____ ZIP _____

PHONE: _____

FAX: _____

- I understand I have the right to rescind this release at any time by writing Marise Rowell, LCPC that I choose to rescind this permission. I further understand a revocation of the authorization is not effective to the extent that action has been taken prior to the release being revoked.
I understand protected health information disclosed under this release may be re-disclosed by the recipients(s) to other individuals or organizations that are not subject to privacy protection laws. I hereby release Marise Rowell, LCPC, from all legal responsibilities and liabilities that may arise from the release of such protect health information.
I understand that this release is valid until _____ or six months from date of this document.

By completing and uploading this form, I am stating I have authority and/or proper permission to agree to and abide by these terms.

Type Name as E-Signature for Client signature Date:

Or

Type Name as E-Signature for personal representative of client: Date

If signed by a personal representative, state your relationship to patient and/or reason and legal authority for signing below.

- Client is: minor incompetent disabled deceased
Legal authority is: parent legal guardian next of kin of deceased