



SUSAN HYATT-BIRNHOLZ
MARRIAGE AND FAMILY THERAPIST

(615) 905-6094

Consent to Release Information

This release of information form authorizes information from my records (or my child's record) to be shared between Susan Birnholz, MFT and the person or agency named below.

I give permission to Susan Birnholz, MFT to share information with:

(Name of provider or facility)

(Phone number of provider or facility)

The information to be shared is to be used for the purpose of conducting reviews of evaluations, treatment plans, discharge planning, and/or for the authorization of reimbursement. The information to be released includes as applicable: medical/psychiatric evaluations, treatment plans, progress notes, discharge plans and other information relevant to treatment.

I understand that this authorization is valid for six months from the date listed below. I also understand that this information may not be released to any other person or organization without my permission in writing. A photocopy of this authorization shall be considered valid.

Print Name of Client

Signature of Client or Responsible Party

Date