Authorization to Release Information

Release of information: permission to use and disclose health information

One recipient per form · complete every line · separate from consent to treatment · client gets a copy

Client

Client full name _____ Date of birth _____ Other names used / client ID _____

1. Who may disclose · 2. Who may receive

1. Practice and clinician who may disclose _____ Phone _____

Practice address _____

2. Person or organization who may receive, and role _____ Secure fax, email or phone _____

Recipient address _____

Direction: ☐ Send to them only ☐ Receive from them only ☐ Both ways

3. Information that may be shared (tick all that apply)

☐ Dates of attendance ☐ Diagnosis ☐ Treatment plan and goals

☐ Progress summary ☐ Assessment results or scores ☐ Risk and safety summary

☐ Medication information ☐ Discharge summary ☐ Billing and payment records

☐ Other (describe below)

Other information, or limits and anything NOT to be shared _____

4. Purpose · 5. Expiration · 6. Delivery

☐ Coordination of care ☐ Referral or transfer ☐ School or program

☐ Insurance or disability claim ☐ Legal or court matter ☐ At my request

☐ Other (describe below)

5. Expires on (date) _____ or when (event) _____ 6. How information will be sent _____

Please read before signing

Revoking: I may revoke (cancel) this authorization at any time by writing to the practice named above. Revoking it will not undo information already shared in reliance on it before my written revocation was received.

No conditioning: The practice will not condition my treatment, payment, enrollment in a health plan or eligibility for benefits on whether I sign this authorization.

Redisclosure: Information disclosed under this authorization may be redisclosed by the recipient and may no longer be protected by federal privacy law (HIPAA).

Not covered: Psychotherapy notes need a separate authorization. Records from a federally assisted substance use disorder program need a consent that meets 42 CFR Part 2.

I have read this form, I understand it, I may refuse to sign it, and I have been offered a copy.

State specific notice or wording, if required _____

Signature of client or personal representative _____ Date _____

Representative's printed name _____ Authority (parent, guardian, POA, executor) _____

Office use: received by _____ date _____ copy given ☐ expiry diarized ☐ revoked on _____

Template to adapt. Not legal advice. Add your state's wording and have it reviewed before use.

Free printable from Lotus & Tulip · lotustulip.com/release-of-information-form-for-therapists.html

Authorization to Release Information

Release of information: permission to use and disclose health information

FILLED EXAMPLE · fictional practice, clinician, client and recipient; placeholder details

Client

Client full name: Jordan T. (fictional)

Date of birth: 04/12/1991

Other names used / client ID: None / CP-0000 (ex.)

1. Who may disclose · 2. Who may receive

1. Practice and clinician who may disclose: Cedar Path Counseling, D. Alvarez, LCSW (fictional)

Phone: (000) 000-0000

Practice address: 18 Example Lane, Suite 4, Springfield, [State] 00000

2. Person or organization who may receive, and role: M. Chen, MD (fictional), psychiatrist, Riverside Psychiatry

Secure fax, email or phone: Secure fax (000) 000-0000

Recipient address: 200 Sample Street, Springfield, [State] 00000

Direction: ☐ Send to them only ☐ Receive from them only ☑ Both ways

3. Information that may be shared (tick all that apply)

- ☑ Dates of attendance
- ☑ Diagnosis
- ☑ Treatment plan and goals
- ☑ Progress summary
- ☑ Assessment results or scores
- ☑ Risk and safety summary
- ☐ Medication information
- ☐ Discharge summary
- ☐ Billing and payment records
- ☐ Other (describe below)

Other information, or limits and anything NOT to be shared: Also PHQ-9 scores. NOT shared: psychotherapy notes, family history details.

4. Purpose · 5. Expiration · 6. Delivery

- ☑ Coordination of care
- ☐ Referral or transfer
- ☐ School or program
- ☐ Insurance or disability claim
- ☐ Legal or court matter
- ☐ At my request
- ☐ Other (describe below)

5. Expires on (date): 11/09/2027

or when (event): I end treatment at Cedar Path, if sooner

6. How information will be sent: Secure fax or clinician phone call

Please read before signing

Revoking: I may revoke (cancel) this authorization at any time by writing to the practice named above. Revoking it will not undo information already shared in reliance on it before my written revocation was received.

No conditioning: The practice will not condition my treatment, payment, enrollment in a health plan or eligibility for benefits on whether I sign this authorization.

Redisclosure: Information disclosed under this authorization may be redisclosed by the recipient and may no longer be protected by federal privacy law (HIPAA).

Not covered: Psychotherapy notes need a separate authorization. Records from a federally assisted substance use disorder program need a consent that meets 42 CFR Part 2.

I have read this form, I understand it, I may refuse to sign it, and I have been offered a copy.

State specific notice or wording, if required: [State notice, if required]

Signature of client or personal representative: Jordan T.

Date: 11/09/2026

Representative's printed name: Not applicable

Authority (parent, guardian, POA, executor): Not applicable (adult client signs)

Office use: received by D. Alvarez, LCSW, 11/09/2026 · copy given in person · expiry diarized · log started

Template to adapt. Not legal advice. Add your state's wording and have it reviewed before use.

Free printable from Lotus & Tulip · lotustulip.com/release-of-information-form-for-therapists.html

Before You Release: Checklist

Ten checks before any disclosure, plus a log of what you sent and when

Before you release

- [ ] 1. Request clarified with the client: who is asking, what and why.
- [ ] 2. Checked which rule applies: HIPAA, state law, Part 2 or FERPA.
- [ ] 3. Separate form, not part of the intake consent or practice policies.
- [ ] 4. Discloser and recipient named, with address and secure contact.
- [ ] 5. Information described specifically; anything excluded is written in.
- [ ] 6. Purpose stated; expiration is a real date or a real event.
- [ ] 7. Revocation, no conditioning and redisclosure statements all present.
- [ ] 8. Signer has authority; a representative's authority is on the form.
- [ ] 9. No psychotherapy notes or Part 2 records without their own consent.
- [ ] 10. Client has a copy; recipient verified; only what the form covers sent.

Disclosure log: one row per disclosure

	Date sent	Recipient	What was sent	How sent	Authorization dated	Sent by
1.						
2.						
3.						
4.						
5.						
6.						

Expiration and revocation tracker

Recipient	Authorization dated	Expires (date or event)	Renew at review?

Revocation received on	How (letter, portal, note)	Disclosures stopped on	Recipient told

HIPAA requires a written revocation. It does not undo disclosures made before it was received. Keep signed authorizations for at least six years from creation or last effective date, longer if your state requires.

Template to adapt. Not legal advice. Add your state's wording and have it reviewed before use.

Free printable from Lotus & Tulip · lotustulip.com/release-of-information-form-for-therapists.html

L&T

Lotus & Tulip

Liked this free printable?

The complete, ready to print version is here:

Therapy Progress Notes and Intake Templates

Fillable PDF, 20 pages: SOAP, DAP and BIRP notes, intake, treatment plan and safety plan

Holiday sale on Etsy until Dec 2: about $7.36, was $9

Get it on Etsy

etsy.com/listing/4607261084 | instant digital download

See every page first: lotustulip.com/therapy-progress-notes-and-intake-templates.html

More free printables: lotustulip.com/free-tools.html

Lotus & Tulip printables. Personal and professional use with your own clients or students.