

**CONCEPCION PSYCHOLOGICAL SERVICES, PLLC**  
**7300 Hudson Blvd N., Suite 257**  
**Oakdale, MN 55128**  
**651-714-2000 (office) 651-714-4400 (fax)**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

**RE:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

I authorize Concepcion Psychological Services to obtain, use, and release, pro about me. The use or disclosure shall be limited to the information, persons, ai below to:

- \_\_\_\_\_ release to
- \_\_\_\_\_ obtain from
- \_\_\_\_\_ exchange with

\_\_\_\_\_  
Name of Agency Name of person to give/receive information

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Fax number

I authorize the use or disclosure of the following protected health information created between \_\_\_\_\_ and \_\_\_\_\_ (dates).

- |                                  |                         |                               |
|----------------------------------|-------------------------|-------------------------------|
| _____ Summary of Client's Record | _____ Diagnosis         | _____ Psychosocial Family Hx  |
| _____ Medical Records            | _____ School records    | _____ On-going consultation   |
| _____ Psychological test results | _____ Discharge summary | _____ Psychiatric evaluation  |
| _____ Progress Notes             | _____ Treatment Plan    | _____ Chemical Health records |
| _____ Other                      |                         |                               |

Purpose of Information:

- \_\_\_\_\_ Assessment and treatment planning
- \_\_\_\_\_ Maintain ongoing care
- \_\_\_\_\_ Qualification for specific services

I understand that I have the right to revoke this permission at any time by providing written notice, without affecting my ability to obtain treatment. I have been informed what information will be given, its purpose, and who will receive the information. This release automatically expires one year from date of signing, unless otherwise stated.

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness to client signature

\_\_\_\_\_  
Date