

NOLA Art Therapy and Counseling, LLC

▪ 1000 Veterans Memorial Blvd, Suite 310, Metairie, LA 70005 ▪ phone: 504-220-1483 ▪ fax: 888-248-7189
▪elizabeth@nolaarttherapy.com▪

CONSENT TO RELEASE CONFIDENTIAL INFORMATION

Name _____ DOB _____

THE LEGAL AND/OR AUTHORIZED CARETAKER OF ABOVE MINOR IS GIVING CONSENT FOR THE BELOW INFORMATION TO BE RELEASED FOR THE PURPOSE TO ASSIST IN MENTAL HEALTH TREATMENT.

To: NOLA Art Therapy and Counseling From: _____ (Name)

_____ (Phone)

_____ VERBAL/WRITTEN INFORMATION RELATED TO CLIENT’S EMOTIONAL/BEHAVIORAL PROBLEMS AND TREATMENT

_____ PSYCHOSOCIAL ASSESSMENT / ADMISSION SUMMARY

_____ TREATMENT PLAN

_____ COUNSELING/PROGRESS NOTES FROM PAST 6 MONTHS

_____ MEDICATION MGT NOTES FROM PAST 6 MONTHS

_____ MEDICATION SHEETS/MAR (FROM INPATIENT/RESIDENTIAL FACILITY)

_____ DISCHARGE SUMMARY

_____ PSYCHIATRIC / PSYCHOLOGICAL EVALUATION

_____ COURT/PROBATION RECORDS FROM PAST 6 MONTHS

_____ OTHER _____

From: NOLA Art Therapy and Counseling To: Above Named Individual

_____ ASSESSMENT/ TREATMENT PLAN

_____ VERBAL/WRITTEN INFORMATION RELATED TO CLIENT’S EMOTIONAL/ BEHAVIORAL PROBLEMS AND TREATMENT

_____ OTHER: _____

* I UNDERSTAND I HAVE THE RIGHT TO REVOKE THIS AUTHORIZATION AT ANY TIME. I UNDERSTAND IF I REVOKE THIS AUTHORIZATION, I MUST DO SO IN WRITING AND PRESENT MY WRITTEN REVOCATION TO NOLA ART THERAPY AND COUNSELING. I UNDERSTAND THE REVOCATION WILL NOT APPLY TO INFORMATION THAT HAS ALREADY BEEN RELEASED IN RESPONSE TO THIS AUTHORIZATION.

* I UNDERSTAND THAT AUTHORIZING THIS DISCLOSURE IS VOLUNTARY. I MAY REFUSE TO SIGN THIS AUTHORIZATION. I UNDERSTAND ANY DISCLOSURE OF INFORMATION CARRIES WITH IT THE POTENTIAL FOR AN UNAUTHORIZED REDISCLOSURE AND THE INFORMATION MAY NOT BE PROTECTED BY FEDERAL CONFIDENTIALITY RULES. IF I HAVE ANY QUESTIONS ABOUT DISCLOSURE OF MY CHILD’S INFORMATION, I CAN CONTACT NOLA ART THERAPY AND COUNSELING.

* I CERTIFY BY MY SIGNATURE THAT I AM THE PARENT/LEGAL CARETAKER OF THE CHILD LISTED ABOVE AND/OR AUTHORIZED/DESIGNATED CARETAKER.

CARETAKER /GUARDIAN _____ DATE _____