

**Stephen J. Harris, Ph.D., MFCC, FPPR**  
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**Authorization for Release of Information**

Client Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

I give authorization and permission to: **Stephen J. Harris, Ph.D.**, at 26461 Crown Valley Pkwy., Suite 100, Mission Viejo, CA 92691

To: Release to \_\_\_\_\_ Obtain from \_\_\_\_\_ Exchange with \_\_\_\_\_

Name/Title: \_\_\_\_\_

Address/Phone Number: \_\_\_\_\_

**Information regarding my medical/psychological treatment**

Purpose of Release: \_\_\_\_\_

Information to be released/obtained:

|   |  |
|---|--|
| _____ Intake and psychosocial history       | _____ Psychiatric consult/evaluation materials   |
| _____ Treatment summary including diagnosis | _____ Psychological testing/evaluation materials |
| _____ Discharge summary                     | _____ Other _____                                |

Restrictions: \_\_\_\_\_

This consent for release of information expires within ninety days, unless otherwise indicated, and may be revoked in writing at any time. Any release of information made between the time authorized and the time revoked shall not constitute a breach of confidentiality. Date this release expires: \_\_\_\_\_

Reproduction of this authorization is as authentic as the original signed authorization.

**I, the undersigned, hereby acknowledge that I have read this authorization prior to its execution and fully understand the nature of the release.**

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (if under 18 yrs. old): \_\_\_\_\_

Witness signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To recipient of release:** This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally prosecute any alcohol or drug abuse patient.