

# Release of Information (ROI) Form

## Your Personal Info

Client Name:   
Date of Birth:   
Client ID (if applicable)

## 1. Purpose of Release

☐ Release Information to  
☐ Obtain Information from  
☐ Exchange Information with

Contact Name:   
Contact Phone Number:  Fax / Email:   
Address:

## 2. Information to Be Released (Select All that Apply)

☐ Entire Record  
☐ Treatment Summary  
☐ Scheduling / Attendance Verification

☐ Diagnosis Only  
☐ Progress Notes  
☐ Other:

☐ Medication Information  
☐ Billing / Insurance Information

## 3. Purpose of Disclosure

☐ Coordination of Care  
☐ Insurance / Payment

☐ Legal Purposes  
☐ Other:

☐ Emergencies Only

## 4. Limitations to Information Shared

☐ Exclude Substance Use History  
☐ Exclude HIV/AIDS-related Information

☐ Exclude Mental Health Psychotherapy Process Notes  
☐ Other:

☐ Exclude Trauma History Details

## 5. Expiration of Authorization

☐ One Year from Date Signed  
☐ Other:

☐ Upon Termination of Treatment  
☐ Specific Date:  /  /

## 6. Client Rights

- I may revoke this authorization at any time by submitting written notice.
- Revocation does not apply to information already released.
- I understand that information disclosed may be subject to redisclosure and no longer protected by HIPAA.
- I understand I cannot be denied treatment for refusing to sign this authorization.

## 7. Signatures

Client/Legal Guardian:  Date:  /  /

Witness (if required):  Date:  /  /