Jesse Sparks, MA, LMHC, NCC
Intelligent Counseling Solutions, LLC
1345 Clay Street, Winter Park FL 32789
407.325.5521 (v) 407.645.1017 (F)

Consent to Release Confidential Information

Client Name:	**DOB:**
SSN:	**Phone:**
Address:	**City, State, Zip:**

I, _____, hereby authorize the release and exchange of information specified below between:

Name/Title or Organization Name (i.e., Psychiatrist/Primary Care Physician/Attorney) Clinic/firm Name

Organization/Address

Phone/Fax

and
Jesse Sparks LMHC, NCC
P: 407.325.5521 | F: 407-645-1017

This release of information shall be limited to the following specific types of information:

____ Assessment
____ Diagnosis
____ Psychosocial Evaluation
____ Psychological Evaluation
____ Psychiatric Evaluation
____ Treatment Plan or Summary
____ Current Treatment Update
____ Medication Management Information
____ Presence/Participation in Treatment
____ Nursing/Medical Information
____ Toxicological Reports/Drug Screen
____ Educational Information
____ Discharge/Transfer Summary
____ Continuing Care Plan
____ Progress in Treatment/Notes
____ Demographic Information
____ Other _____
____ Other _____

The purpose of this disclosure of information is to improve assessment and treatment planning, share information relevant to treatment and when appropriate, coordinate treatment services. If other purpose, please specify: _____

This authorization for release of information is made with informed consent, and this consent is subject to revocation by written instructions of the undersigned at any time by sending notification to Rachel Eddins in writing. However, a revocation is not valid to the extent that parties have acted in reliance on such authorization. The information is confidential and any redisclosure by the recipient is prohibited, unless expressly permitted by the patient or someone authorized to act on his/her behalf. I understand that this authorization authorizes the release of all medical records including Psychiatric, Alcohol, Drug Abuse, and AIDS records.

Client Name (Printed)

Client Signature Date