CENTRAL FOCUS
PSYCHOLOGICAL GROUP

1259 Lake Plaza Dr, Suite 255 P: (719) 598-3585/F: (720) 358-2674
Colorado Springs, CO 80906 www.centralfocusgroup.com

Release of Information

Client Name: _____ Date of Birth: _____

Social Security #: _____

I hear by consent to, and authorize Central Focus Psychological Group (Pickett Psychological Service, LLC) to release information to/from:

Name/Organization/Facility: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone#: _____ FAX #: _____

Email:_____

Name/Organization/Facility: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone#: _____ FAX #: _____

Email:_____

Name/Organization/Facility: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone#: _____ FAX #: _____

Email:_____

The Following Information:

- ☐ Diagnosis
- ◯ Psychosocial History
- ☐ Physical
- ☐ Progress on Objectives
- ☐ Discharge Summary
- ☐ Psychotherapy Notes

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- ☐ Consultations
- ☐ Treatment Plan
- ☐ Psychiatric Evaluations
- ☐ Attendance
- ☐ Medication Record
- ☐ Other: _____

The purpose of the disclosure is for treatment collaboration, coordination of care, and continuity of care.

Other: _____

Prohibition Of Redisclosure: The information has been disclosed to you from records whose confidentiality is protected by State and Federal Law. Regulations prohibit you from making any further disclosures of this information except with the specific verbal or written consent of the person to whom it pertains or as otherwise permitted by such regulations. A general release of medical or other information is NOT enough for this purpose.

I have been offered access or a copy of this consent. Duration of Release will expire after 2 years unless otherwise identified below. I understand that I may revoke this consent at any time by notifying North Star Counseling & Development Center in writing and/or specifying a date, time, event, or condition upon which my consent will expire without revocation.

This release expires on: _____

Client Signature: _____ Date: _____

Guardian Signature: _____ Date: _____