

PELTS, KIRKHART ASSOCIATES, LLC

REQUEST FOR RELEASE OF CONFIDENTIAL INFORMATION

I authorize *Pelts, Kirkhart, & Associates* to request/release information regarding services for the client below:

Client Name: _____ Date of Birth: _____

Address: _____

City/State/Zip: _____ Telephone: (____) _____

This information is requested for the following purposes:

Records are specified to include:

- | | | | | |
|----------------------------|------------------------------|-----------------------------|---|-----------------------------|
| - Telephone/ Consultations | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Other (specify): Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - Notes/Reports | Yes <input type="checkbox"/> | No <input type="checkbox"/> | _____ | _____ |
| - Questionnaires | Yes <input type="checkbox"/> | No <input type="checkbox"/> | _____ | _____ |

Faxing/Emailing of records is approved: Yes No

This authorization of one year allows _____ to communicate with:

Name/School/Organization: _____

Address: _____

City/State/Zip: _____

Telephone: (____) _____ Fax: (____) _____

Email: _____

Print Name _____ Date _____ Witness _____ Date _____

Signature _____

Relationship to Client _____

To revoke this release, the client/legal guardian can submit such request in writing.