

Authorization for Release of Confidential Information

In consideration for furnishing the designated information to the person and/or organization named below, I hereby release and agree to indemnify Dr. Jimmy Young Jr. from all liability, damages, and costs arising from the acts or omissions of other persons or organizations.

I, _____ (Print Name) _____ (D.O.B.)

Authorize _____, a Doctoral student of H.O.P.E Bible Institute, to

_____ disclose information to

_____ obtain information from

_____ exchange information with _____

Regarding _____ myself _____

_____ son/daughter _____

The information to be disclosed:

_____ Discharge/Treatment Summary

_____ Diagnostic Impressions

_____ Progress Notes

_____ Chemical Dependency Evaluation

_____ Academic Records

_____ Medical history

_____ Psychological Testing & Reports

_____ Other

The purpose of this disclosure is _____

I understand that I may revoke this consent between the date signed and February 1, 2024. I also understand that fictitious personal information will be used (name, date of birth, address, & phone number) instead of my real information.

Signature of Client: _____ Date: _____

Signature of Therapist: _____ Date: _____