Jordan Hart, Ph.D.
5353 Wayzata Blvd, Suite 403
St. Louis Park, MN 55416
Phone: 612-479-3887

AUTHORIZATION FOR THE RELEASE OF INFORMATION

Client Name:___________________________________ Date of Birth:_________________

I authorize Jordan Hart, Ph.D. to exchange information with the following person/organization:

____
(Person or organization to whom information is to be shared with or received from)

____
(Address/phone/fax number)

Check all that apply:

____ Consultations by phone, email and/or in person
____ Psychological Evaluation/Testing Reports
____ Client Status/concerns
____ Medical/Psychiatric Records/Reports/Evaluation
____ Progress Notes
____ Diagnostic Assessment
____ Discharge/Treatment Summary
____ Other

This information has been disclosed to the above person, organization, or agency from records whose confidentiality is protected by Federal law and rules (42 CFR, Section 2) and by Minnesota Statues. Federal regulations prohibit the above person, organization or agency from making any further disclosure of this information without my prior written consent. I understand that I have no obligation whatsoever to disclose any information from my record and I may revoke this consent at any time by notifying Jordan Hart, Ph.D. in writing; and/or specifying a date, time, event or condition upon which my consent will expire. I have had this form explained to me and I understand its contents.

___________________________________ ________________________
(Client signature) (Date)

___________________________________ ________________________
(Signature of responsible party – parent, legal guardian, or authorized representative when applicable) (Date)

Expiration Date*_____________________
*This authorization expires on the "expiration date" provided above or one (1) year after this authorization is executed if no expiration date is provided