

## Authorization for Release of Information Form Guidance

We greatly value your privacy and confidentiality. With that being said, it can be quite beneficial for your therapist to collaborate and consult with other professionals and/or service providers to enhance the progress you make within your therapy program.

In order to do that, we need you to complete and sign an Authorization for Release of Information form giving us permission to give and get this information.

Some helpful professionals/service providers you might consider completing one of these forms include, but are not limited to:

- Pediatrician/ Primary Care Physician (PCP)
- School
- Psychiatrist/ Psychiatric APRN
- Other Mental Health Therapists involved (*individual therapist, family therapist, etc*)
- Care Coordination services
- Office of Victim Services (OVS)
- Your Parent(s) (*if you are over 18yo*)
- Parole/ Probation officer
- DCF worker

Since we will need a separate Authorization for Release of Information form to be completed and signed for each agency/program/provider, please notify your therapist directly which ones you would like to authorize permission to contact.

They will then send you the forms via the Client Portal for you to securely complete.

***If the Client is 18 or older, they will need to make the request and complete these forms themselves. If the Client is under 18, their Parent/Legal Guardian must complete this.***

Please give us about 3 business days to process your request.