

Sheryl A. Isaacs MS, LMFT
 Licensed Marriage and Family Therapist #92577
 5523 Scotts Valley Drive, Scotts Valley, CA 95066
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 www.therapyforyourchild.com

Release of Information (ROI)

I, _____, authorize _____ to share the following specific information with:
 Name of Client/Guardian

Who I want to have my information:	Sheryl A. Isaacs MS, LMFT #92577 5523 Scotts Valley Drive, Scotts Valley, CA 95066 831-431-7996 Sherylisaacs@outlook.com
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The information may be shared: in person by phone by fax by mail by e-mail
 I understand that electronic mail (e-mail) is not confidential and can be intercepted and read by other people.

What info about me will be shared:	<input type="checkbox"/> assist in diagnosis and/or treatment planning <input type="checkbox"/> medical information <input type="checkbox"/> treatment summary <input type="checkbox"/> educational assessment <input type="checkbox"/> results of psychological/vocational testing <input type="checkbox"/> drug/alcohol treatment <input type="checkbox"/> pertinent summary of psychosocial and psychiatric history <input type="checkbox"/> collateral sharing of information between both providers <input type="checkbox"/> other _____
Why I want my info shared: (purpose)	<input type="checkbox"/> The planning and psychotherapy treatment of the client <input type="checkbox"/> Other _____

I understand:

- I have a right to receive a copy of this authorization.
- I have the right to modify the release at any time, in writing.
- The modification of ROI will take effect as soon as it is received by therapist, Sheryl A. Isaacs.

This release expires one year from the date below.

I understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time in writing.

Client Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Relationship to Client: _____

Reaffirmation and Extension (if additional time is necessary to meet the purpose of this release)

I confirm that this release is still valid, and I would like to extend the release until _____
 New Date

Signed: _____ **Date:** _____