

Tracy Lamperti, LMHC, BCETS

26 Wampum Dr.

PO Box 1924

Brewster, MA 02631

Phone 774-722-5919

Email lamperticc@gmail.com

AUTHORIZATION TO RELEASE RECORDS

Client's Name: _____ Date of Birth: _____

I, _____ authorize Tracy Lamperti, LMHC, BCETS to:

Request information from: Yes No Release information to: Yes No

Purpose of release:

- o Follow-up Outpatient Treatment
- o Collaborative Care

Specific information requested:

- | | |
|--|---|
| <ul style="list-style-type: none"> o Admission Note o Discharge Summary o Treatment Summary o Consultation Reports o IEP o Psychological Testing | <ul style="list-style-type: none"> o Results of last physical/medical concerns and conditions o Medications o Ongoing verbal case consultation o Other: _____ |
|--|---|

I understand that Tracy Lamperti, LMHC, BCETS abides by Federal Confidentiality Regulations (42 CFR Part 2), published July 1, 1975, which protects the confidentiality of my records and that information contained in my record cannot be disclosed without consent unless otherwise provided for in the regulations or by statute. I understand that this directive is subject to revocation at any time upon written request. Otherwise, this consent will expire upon termination my treatment. I herewith release and hold harmless Tracy Lamperti, LMHC, BCETS from any liability for the release of any information provided in accordance with this directive.

Client Signature

Date

Parent/Guardian Signature

Date