



# HEART-TO-HEART

Depth Psychotherapy, Wellness & Recovery Services

OFFERING TRADITIONAL & NON-TRADITIONAL PSYCHOTHERAPEUTIC SERVICES, TECHNIQUES AND OPTIONS  
TOOLS FOR LIVING A BALANCED & MEANINGFUL LIFE



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## AUTHORIZATION TO RELEASE AND EXCHANGE CONFIDENTIAL INFORMATION

I, [Name of client] \_\_\_\_\_ hereby authorize HEART-To-HEART Depth Psychotherapy, Wellness & Recovery Services to release and exchange confidential information regarding my treatment with [Name and function of the person(s) and/or entities to which information is to be exchanged]

This authorization permits the exchange of the following information:

Any and All Information Necessary \_\_\_\_\_ Progress to Date \_\_\_\_\_  
Treatment Plan \_\_\_\_\_ Summary of Treatment \_\_\_\_\_  
Dates of Treatment \_\_\_\_\_ Other \_\_\_\_\_  
Prognosis \_\_\_\_\_

I authorize the exchange of information described above for the following purpose(s):

The recipient may use the information described above solely for the following purpose (s):

I understand that I have a right to receive a copy of this authorization. I also understand that any cancellation or modification of this authorization must be in writing.

This authorization shall remain valid until: \_\_\_\_\_ [Expiration Date]

By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Client or Client's Representative\*)

\* If signed by other than Client, please indicate the relationship between client and his/her Representative: \_\_\_\_\_