



**Release of Information/Request for Information Form**

I understand that Johnson Behavioral Services, PLLC has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow Johnson Behavioral Services, PLLC to release some of my personal information to certain individuals or agencies.

I, \_\_\_\_\_, hereby authorize Johnson Behavioral Services, PLLC to release/obtain the following specific information regarding \_\_\_\_\_ (name of client) with:

**Organizations to receive records/information:**  
records/information:

**Organizations to provide records/information:**

Name/Address \_\_\_\_\_

Name/Address \_\_\_\_\_

Name/Address \_\_\_\_\_

Name/Address \_\_\_\_\_

The information may be shared:  in person  by phone  by fax  by mail  by e-mail

<b>Information permitted to share</b>	<input type="checkbox"/> Plan of Care <input type="checkbox"/> Behavior Plan/Data <input type="checkbox"/> Consultative Feedback
	<input type="checkbox"/> Exit Plan <input type="checkbox"/> Data <input type="checkbox"/> Assessments <input type="checkbox"/> Diagnosis <input type="checkbox"/> OTHER:

Please Note: there is a risk that a limited release of information can potentially open up access by others to all of your confidential information held by Johnson Behavioral Services, PLLC

**Patient's Rights and Responsibilities:**

I understand that authorizing the disclosure of private health information is voluntary and I do not have to sign this form and that this release is limited to what I write above. If I would like Johnson Behavioral Services, PLLC to release or obtain information about me in the future, I will need to sign another written, time-limited release.

I understand that releasing information about me could give another agency or person information about my location and would confirm that I have been receiving services from Johnson Behavioral Services, PLLC.

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

**This release will be valid for 1 year from**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ OR  Two weeks post-service exit  
*mm/dd/yyyy time*

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

**Time:** \_\_\_\_\_