

# authorization form

disclosure/release of mental health information

I, \_\_\_\_\_, whose Date of Birth is \_\_\_\_\_,

authorize **Rahim Thawer, MSW, RSW** to disclose to and/or obtain from:

\_\_\_\_\_ the following information:

- |  |   |
|--|---|
| <input type="checkbox"/> Assessment                        | <input type="checkbox"/> Presence/Participation in    |
| <input type="checkbox"/> Diagnosis                         | <input type="checkbox"/> Nursing/Medical Information  |
| <input type="checkbox"/> Psychosocial Evaluation           | <input type="checkbox"/> Educational Information      |
| <input type="checkbox"/> Psychological Evaluation          | <input type="checkbox"/> Discharge Summary            |
| <input type="checkbox"/> Psychiatric Evaluation            | <input type="checkbox"/> Continuing Care Plan         |
| <input type="checkbox"/> Treatment Plan or Summary         | <input type="checkbox"/> Progress in Treatment        |
| <input type="checkbox"/> Current Treatment Update          | <input type="checkbox"/> Demographic Information      |
| <input type="checkbox"/> Medication Management Information | <input type="checkbox"/> Psychotherapy Progress Notes |
| <input type="checkbox"/> Other: _____                      | <input type="checkbox"/> Other: _____                 |

This information may be used or disclosed for the purpose of:

I give permission for two-way communication (i.e. for care conferencing) between the aforementioned parties [circle one]: **YES** | **NO**

I understand that this information will be transmitted by phone, e-mail, or postal mail as my therapist does not have a fax system (often most secure): **YES** | **NO**

**Revocation:** I understand that I have a right to revoke this authorization, in writing, at any time by sending written/email notification to Rahim Thawer at rahim@affectiveconsult.ca. I further understand that a revocation of the authorization is not effective to the extent that action has already been taken in reliance on the authorization.

**Expiration:** Unless sooner revoked, this authorization expires in **364 days** from date signed.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date