

**PARTNERS FOR HEALING AND CHANGWORK
103 Old Marlton Pike Suite 201
MEDFORD, NJ 08055
609-714-0222**

AUTHORIZATION FOR RELEASE/OBTAIN OF INFORMATION

I, _____, authorize Partners For Healing and

Changework to

obtain exchange with release

information from/to _____

for the purpose of treatment planning and continuity of care. This information shall include:

Intake/assessment treatment summary

treatment progress School assessments

medical history medication other _____

Please initial here if authorization is acceptable via phone contact: []

This authorization shall be in effect for the period of one year and may be revoked in writing to the above address. Revoked authorizations do not cover any information already released or obtained prior to the termination of authorization.

Signed _____ Date _____