

RELEASE OF INFORMATION REQUEST

I, _____ hereby request that John Goll, LMFT release / obtain the following information contained in the patient/client record of:

(Patient /Client Name)

(Date of Birth)

(Address)

_____ Diagnosis & Evaluation

_____ Discharge/Termination Summary

_____ Entire Patient / Client Record

_____ Alcohol / Drug Related Information

_____ Psychological Testing

_____ Other: _____

A copy of the above-identified information should be furnished to/by:

(Name and Address of Person or Organization)

This information is being requested for the following purposes:

_____ Diagnosis & Evaluation

_____ Formulation of Treatment Plans

_____ Formulation of Court-Ordered Evaluations

_____ Other: _____

I understand that this request may be revoked by me by giving such revocation, in writing, to John Goll, LMFT, and that after doing so no further information will be furnished **except to the extent that Mr. Goll has already acted in reliance on this signed request.** I also understand that this request will expire after sixty (60) days from the date signed.

(Client, Parent or Guardian)

(Date)

(Witness)

(Date)

John Goll, LMFT

(Date)