CRAFTSMAN COUNSELING, PLLC
26 E. 9th St., suite B, Edmond, OK 73034 405-226-8548

Authorization for Exchange of Information

I hereby authorize Alan Wishard, MA, LPC and _____ to exchange information regarding the education, diagnosis, evaluation and treatment of the client listed below, and furnish the following records or excerpts of records marked with an (X):

☐specific medical information	☐complete medical record	☐laboratory test results
☐complete psychological record	☐discharge summary	☐intake report/admission summary
☐family assessment	☐psychiatric evaluation	☐social/ psychological evaluation
☐treatment plans	☐workshop reports	☐other vocational evaluation/ reports
☐academic/ educational records	☐teachers' observation	☐achievement & other test results
☐insurance information	☐billing records	☐narrative summary of treatment
☐physician referral		

☐HIV-related information and drug and alcohol information contained in these records will be released under this consent unless indicated here: Do not release HIV or drug/ alcohol information.
Other: _____

Reason for exchange of information: ☐ assessment ☐ treatment planning ☐ co-therapy ☐ other: _____

_____ _____
Client's Name (include any other name by which client may have been known) Date of Birth

This consent to exchange information may be revoked by me at any time except in the case where information has already been sent. This consent (unless expressly revoked in writing earlier) expires upon termination of services at the Counseling Associates of Edmond. I understand that I have the right to refused to sign this authorization.

_____ _____
Signature of Client or Guardian Signature of Witness

_____ _____
Relationship to Client Date

I consent for this information to be transmitted by facsimile if necessary. I understand that the confidentiality of materials cannot be assured when faxed to another agency; however, care will be given to assure that only the intended recipient will receive the fax.

_____ _____
Signature of Client or Guardian Date

NOTICE TO WHOMEVER DISCLOSURE IS MADE: This information is from records whose confidentiality is protected by federal law. Federal regulations (42 CRF Part 2) prohibit any further disclosure of this information without the specific written consent of the person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose.