Solutions Therapy
Lisa M Virga, NPC, LLC
18 Kings Highway, Middletown NJ 07744
Phone: 908-670-4672

Release of Information

I,_____, hereby authorize the release and disclosure of the following clinical and or therapeutic records for the following purposes:
{ } Authorization to release information regarding counseling and therapy care and treatment.
{ } Authorization to release information held under the Drug Office and Treatment Act of 1972 (PL-92255) and the Comprehensive Alcohol Abuse and Alcoholism Prevention Treatment and Rehabilitation Act Amendments of 1974.
{ } Authorization to release information related to Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS).

Please release authorized information between (Agency), _____, and:

Specific Information to be released. Initials: ____

Assessments and Evaluations, Initials: ___

Continued Care and Treatment, Initials: ___

Psychosocial History, Initials: ___

Discharge Summary, Initials: ___

Correspondence (specify):

Other (specify):

Purposes for which information is to be released:

___Revocation/Expiration: This release of Information is subject to revocation by the under-signed at any time except to the extent that information has already been disclosed based on authorization contained herein. Unless further limited by a dated stated here (_____), this Release of Information will automatically expire after a period of 180 days from the date signed. I have the rights to receive a copy of this Release of Information upon my request.

Client/Guardian Name: Signature:

Date:

Therapist Name:	Signature:
Date:	