

955 Windham Court Boardman, OH 44512 Phone (330) 726-9570 Fax (330) 726-9031

Consent to Release and Request Information

NAME OF PATIENT: ______ DOB: _____

I understand that it may be necessary to communicate to other parties about my treatment at CPG and that my treating provider can ONLY do so if I complete and sign this release form. I hereby give my consent to release information to the following parties / obtain information from the following parties for the purpose of evaluation and treatment. I understand that if I wish to communicate with my behavioral healthcare provider via email/text there may be some level of risk that the information in the email/text could be read by a third party. CPG and its providers cannot guarantee the security of information sent via email/text. If I still wish to send / receive PHI in this way, it is my right to do so as long as I am aware that CPG and its providers are not responsible for the unauthorized access of PHI while in transmission to me.

		name		relationship		number	
				•		number	
	_			School Communication		TYPE OF CONTACT Written	
•	—			Treatment Plan	_	Verbal / Phone	
History		Discharge Summary		Aftercare Planning		Electronic	
Patient (or Parent / Guardian)					Date		
Relationship to Patient					Witness		
This consen	nt is v						
		(terr	mnat	ION OF TX UNIESS OTHERWISE	spe	cilied)	
evoke this co	onsei	nt / release on this dat	e		tions	hin to Dationt	
	Relationship) Other: Address) valuation I Testing I History or Parent / Gu nship to Pati This conser d that I can the date. By c	Relationship)	Relationship) Other: Address) valuation I Testing I Testing Medications I History Discharge Summary or Parent / Guardian) mship to Patient This consent is valid until: (term d that I can terminate / revoke this consert are date. By doing so, all further communication	Relationship) Other: Address) valuation I Testing I Testing Medications I Testing Medications I History Discharge Summary Inship to Patient This consent is valid until: (terminat d that I can terminate / revoke this consent te date. By doing so, all further communication	Relationship) Other: Address) Valuation I Treatment Summary School Communication I Testing Medications I Treatment Plan I History Discharge Summary Aftercare Planning I History Discharge Summary Aftercare Planning I r Parent / Guardian) Inship to Patient This consent is valid until: (termination of Tx unless otherwise I that I can terminate / revoke this consent at any time. To do so, I are date. By doing so, all further communication with the above indicate revoke this consent / release on this date	Address) valuation Treatment Summary School Communication Testing Medications Treatment Plan History Discharge Summary Aftercare Planning r Parent / Guardian) Vit This consent is valid until: (termination of Tx unless otherwise spe d that I can terminate / revoke this consent at any time. To do so, I must le date. By doing so, all further communication with the above indicated pa	

Federal regulations (42 CFR Part 2) prohibit any further disclosure of these materials without the specific written consent of the patient and or parent / guardian involved. If you feel that you have received this communication in error, please contact the sender immediately.