

**Arbor Cove Therapy, LLC**  
555 Sun Valley Dr, Ste L1, Roswell, GA 30076  
Tel: 404.394.1096 / Fax: 404.990.3551

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**Authorization to Obtain or Release Information**

None of the information or records obtained under this authorization may be re-released to another party.

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Date of Birth

I, \_\_\_\_\_, hereby authorize Laura Kathryn Smith, LCSW / Arbor Cove Therapy, LLC to obtain or disclose (indicate) the following information:

- |  |                           |
|--|---------------------------|
| ___ Confirmation of participation in therapy | ___ Treatment progress    |
| ___ Psychological testing results            | ___ Treatment summary     |
| ___ Summary of evaluation findings           | ___ Academic records      |
| ___ Psychotherapy notes (separate release)   | ___ On-going consultation |
| ___ Behavior Rating Scales                   | ___ Other: _____          |

This information is to be released for purpose of:

- |                              |                        |
|------------------------------|------------------------|
| ___ Psychological evaluation | ___ Treatment planning |
| ___ Services coordination    | ___ Other: _____       |

This authorization shall remain in effect until (give date or event):

\_\_\_ until revoked \_\_\_ 6 months \_\_\_ 1 year \_\_\_ other

This information should only be released to or obtained from:

\_\_\_\_\_  
Name/Organization/Agency

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
FAX

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian/Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

You have the right to revoke this authorization, in writing, at any time by sending such written notification to the Arbor Cove Therapy, LLC office address. However, your revocation will not be effective to the extent that we have taken action in reliance on the authorization or if this authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim. Please be aware that information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient of your information and no longer protected by the HIPAA Privacy Rule.