MERCI MEMPHIS
COUNSELING CENTER

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mercimemphis.org

RELEASE OF INFORMATION

MERCI Memphis is committed to maintaining client confidentiality while coordinating your care with others. The purpose of this Release of Information is to assist in the evaluation and/or treatment of your presenting concerns, to be informed of or to coordinate treatment with other health care or mental health professionals, and to facilitate continuity of care.

Please list any physicians, psychiatrists or mental health professionals you have seen in the last two years. Please also list any family members or other family members or other individuals you wish for your therapist to be in contact with and/or release information to.

Professional Seen: _____

City/State: _____

Phone: _____ Fax: _____ Date: _____

Reason Seen: _____

Professional Seen: _____

City/State: _____

Phone: _____ Fax: _____ Date: _____

Reason Seen: _____

Family & Other Contact: _____

City/State: _____

Phone: _____ Relationship: _____

Family & Other Contact: _____

City/State: _____

Phone: _____ Relationship: _____

After careful review of this Release, I authorize my therapist to furnish information, including photostatic copies of my medical records concerning my hospitalization and treatment to the above named organization or its agents and I further agree to indemnify and hold harmless its staff from all liability that may arise from the release of the information herein requested. Any information obtained from this Release of Information should not be re-released to any other person(s) unless I so specifically authorize that release.

I understand that the records released may contain alcohol and drug treatment information, HIV/AIDS or psychiatric/psychological information.

I understand that I may revoke this consent in writing at any time, except to the extent that action has been taken in reliance thereon, and that this authorization is valid for the duration of my treatment and expires six months after the termination of services.

_____ _____

Client Signature Date