Benson Psychological Services 1308 23rd Street South Fargo, ND 58103 AUTHORIZATION TO DISCLOSE INFORMATION

INSTRUCTIONS: Provide information as it existed when the service was provided.

Name of Client: (Last, First, Middle Initial)	Phone Number:		Date of Birth:			
Street Address:	City:		State/Zip Code:			
CLIENT RELEASE AND SIGNATURE:	1					
1. I Hereby Authorize						
Name of Person/Agency: Benson Psych						
Street Address: Central Office: 1308 23rd Street South		City: Farg	State: ND	Zip (Code: 58103	
2. To Release Information To, Receive I	nformation From, Or Mutually E	Exchange Info	rmation With			
Name of Person/Agency to Receive Information:						
Street Address:	City:	State:	Zip (Code:		
Communication is Allowable By: Phone CallEmailWritten CorrespondenceOther						
3. The Following Information is Requested: Communication Exchange in Verbal and Written Form Medical/Physical Reports Notice of Initial Contact Addiction Evaluation/Recommendation Results of Any Drug Screening Discharge or Treatment Summary Treatment Program Reports Educational Evaluation/Report Psychological Evaluation/Recommendations Legal History/Reports Psychiatric Evaluation/Recommendations Reason for Referral Laboratory Reports					ations	
Other (Specify)			Lautilatory Reports			
4. The Information Identified Above Will Be Used For: Coordination of ServicesObtaiLegal ProceedingsTreaEvaluation and Program DeterminationsOther (
CLIENT CONSENT: This authorization is voluntary and ren person. Refer to the Notice of Privacy Prof this authorization shall not be a brea agreed in writing, information may be contransmission.	ractices for further description o ch of confidentiality. A photocop	of revocation by of this auth	rights. Any inform orization is as effe	ation discle	osed prior to written revocation e original. Unless otherwise	
Signature of Client:			Date:		Expires:	
Signature of Parent/Guardian or Custodian (if needed and relationship):			Date:		Expires:	
Signature of Witness (if needed):			Date:		Expires:	
Check if Applicable - Notice To Whomever Disclosure Is Made Concerning Addiction Records						
This information has been disclosed to you from making any further disclosure person to whom it pertains or as otherwis NOT sufficient for this purpose. The Fabuse patient.	e of this information unless furtl vise permitted by 42 CFR Part 2.	her disclosur . A general au	e is expressly perm thorization for the	itted by th disclosure	e written authorization of the of medical or other information	