FOCUS FORWARD
COUNSELING AND CONSULTING, INC.
SUPPORT | GROW | SUCCEED

5975 Parkway North Blvd., Suite 300 D
Cumming, GA 30040
www.focusforwardcc.com

(p) 404-388-3909
(f) 678-712-1945
admin@focusforwardcc.com

Consent to Release Confidential Information

I, _____ , hereby authorize an exchange of confidential medical information between the following persons or agencies:

1. FFCC, Inc.	2. _____
5975 Parkway North Blvd., Suite 300 D	_____
Cumming, GA 30040	_____
Phone: (404)388-3909	Phone: _____
Fax: (678) 678-712-1945	Fax: _____

The following items may be copied and or provided:

( ) Treatment Attendance	( ) Level of Participation	( ) Treatment Plan
( ) Discharge Summary	( ) History and Physical Exam	( ) Progress Notes
( ) Psychiatric Reports	( ) Psychological Reports	( ) Consultation Report
( ) Laboratory Reports	( ) Radiology Reports	( ) Medical Reports
( ) Educational Reports	( ) Disciplinary Reports	( ) Testing Results
( ) Legal Documents	( ) Diagnosis	( ) Verbal Communications

( ) Other: _____

The disclosure of information is required for the following purpose(s):

( ) Coordination of Treatment
( ) Referral to/from _____ .
( ) Other: _____ .

I understand that this consent is revocable, in writing, at any time prior to its expiration which will occur on _____.

_____ _____
Client's signature Date

_____ _____
For minor: Parent/Legal Guardian Signature Date

_____ _____
Clinician's Signature Date