

**Marriage & Family Therapy of Trumbull (MFT3)**  
2 Corporate Drive, Suite 211 Trumbull, CT 06611 • 203-416-6008

**RELEASE OF INFORMATION**

Client's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

I, \_\_\_\_\_, authorize MFT3 to:

(send)  (receive) the following  (to)  (from)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of information requested:

Treatment plans

Progress reports

Diagnostic Information

Discharge Summary

\*Psychotherapy Notes

Other, specify: \_\_\_\_\_

\*A SEPARATE AUTHORIZATION, AS DEFINED BY HIPAA, IS REQUIRED FOR PSYCHOTHERAPY NOTES.

The above information will be used for the purpose of: \_\_\_\_\_  
and will only be exchanged with the individual/agency specified in this document for the period of time that I have authorized.

I understand that the confidentiality of these records is required under the Connecticut General Statutes Section 52-146, Federal Regulations 42 CFR Part 2, and/or Connecticut Public Act No. 89-246. This information shall not be transmitted by us without written consent or other authorization as provided in the aforementioned statutes.

I understand that this authorization is voluntary, and I may revoke this consent at any time by providing written notice, and after 1 year this consent automatically expires. I have been informed what information will be given, its purpose, and who will receive the information. I understand that I have a right to receive a copy of this authorization. I understand that I have a right to refuse to sign this authorization.

A facsimile of this Release shall be considered as valid as the original.

Your relationship to client:  Self  Parent/legal guardian  Personal representative  
 Other (describe) \_\_\_\_\_

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/guardian/personal representative (if applicable)

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness (if client is unable to sign)

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_