



**Empower Therapeutic Support Services LLC**  
 227 Colfax Ave N Ste 15, Minneapolis, MN 55405  
 PH: 612-223-0373 Fax: 612-781-2428

**Authorization for the Release/Exchange of Information**

I, \_\_\_\_\_, (DOB \_\_\_\_\_), Authorize,  
 EMPOWER THERAPEUTIC SUPPORT SERVICES, LLC to release/exchange information with:

<b>Hospital/Person/Clinic:</b>	
<b>Address:</b>	
<b>City/State/Zip Code:</b>	
<b>Phone Number:</b>	
<b>Fax Number:</b>	

I request EMPOWER THERAPEUTIC SUPPORT SERVICES LLC to release/exchange the following information:

<b>All materials in records</b>		<b>Juvenile Court Records</b>	
<b>Medical History and Treatment</b>		<b>Medication and Treatment Records</b>	
<b>Psychosocial History</b>		<b>Summary of Psychological Testing</b>	
<b>Assessment and Diagnosis</b>		<b>Discharge Summary</b>	
<b>Treatment Plans</b>		<b>Other (specify)</b>	

<b>Client Name:</b>	
<b>Date of Birth:</b>	
<b>Street Address:</b>	
<b>City/State/Zip Code:</b>	
<b>Phone Number:</b>	

\*If applicable

<b>Legal Parent or Guardian Name:</b>		<b>Relationship:</b>	
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I understand that my records may be protected under the Federal Confidentiality Regulations (42 CFR Part 2) and, if so, cannot be disclosed without my written consent unless otherwise provided for in the regulations and/or under state specific provisions.

I understand that my records may contain information regarding my mental health, substance use or dependency, sexuality, suicidality, and may contain confidential HIV (AIDS) related information. I further understand that by signing below, I am authorizing the release or exchange of these records to the parties named below.

I understand that the information or records listed above will not be used for any purpose other than the intended use. The re-release of this information to parties other than those named above is prohibited.

I understand that I may revoke this authorization at any time, unless action has already been taken on it, by giving written notice to the parties below.

This authorization automatically expires, unless provided by state law, on (specific date): \_\_\_\_\_

Client/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_