

A Better Way Counseling Center
818 NW 17th Avenue, Suite 8
Portland, Oregon 97209
(503) 226-9061

RELEASE OF INFORMATION IN CASE OF CLIENT EMERGENCY

In the event that my therapist believes I am in a crisis situation due to a medical or health emergency, or psychiatric emergency including, but not limited to when my therapist is concerned about my harming myself or someone else, I hereby authorize the staff of A Better Way Counseling Center to release and accept information regarding myself to:

Phone: (____) _____

I specifically authorize the disclosure of information regarding:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Family and Living Situation History	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Finances
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Employment/Unemployment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Educational Reports			_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Alcohol/Drug Treatment			_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mental Health Services			_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Medical/Psychiatric Treatment			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Legal History			

This authorization shall be valid for a period of twelve (12) months from the date signed. I understand that I may revoke this release at any time by submitting a written request, but that such a request will not apply to any information exchanged prior to the date of such a request being received.

Signature _____	Date ___ / ___ / ___
Parent or Guardian _____	Date ___ / ___ / ___
Witness _____	Date ___ / ___ / ___

To those receiving information under this authorization: This information disclosed to you is protected by state and federal law. You are not authorized to release it to any agency or person not listed on this form without specific written consent of the person to whom it pertains unless authorized by other laws.

This is a true copy of the original authorization document _____ (Staff Person)