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Minnetonka, MN 55305
Fax: 952-545-6312

Consent for Release of Confidential Information

Client's name: _____ Date of Birth: _____

I hereby authorize Marriage Rx, LLC to release to or exchange with:

the following information: (Check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Medical History | <input type="checkbox"/> Psychological evaluation/treatment |
| <input type="checkbox"/> Social History | <input type="checkbox"/> Psychiatric evaluation/treatment |
| <input type="checkbox"/> School records | <input type="checkbox"/> Chemical dependency eval/treatment |
| <input type="checkbox"/> Family assessment | <input type="checkbox"/> Diagnosis, procedure codes, service dates |
| <input type="checkbox"/> Treatment plans | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Discharge summary | |

These records are required for the purpose of:

- Continued care
- Insurance benefit consideration/processing of claims
- Social Service involvement
- Court/legal action
- Other: _____

I understand that my records are protected under State and Federal confidentiality regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance of it (e.g., probation, parole, etc.), and that in any event this consent expires automatically one year from the date signed.

Signature of Client or Guardian

Date Signed