

Miki Johnston, MSW, LCSW  
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**AUTHORIZATION FOR RELEASE OF INFORMATION**

**Client Name** \_\_\_\_\_ **Name of Parent** \_\_\_\_\_

**Client Date of Birth** \_\_\_\_\_

I hereby request and authorize Miki Johnston, LCSW to release information to/obtain information from:

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City, State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax** \_\_\_\_\_ **Email** \_\_\_\_\_

**Information to be released/disclosed:**

- Psychiatric Evaluation
- Medical History
- Psychological Test(s)
- Progress Notes
- Diagnosis
- Medication Management
- School Reports
- Physical Exam
- Discharge Summary
- Lab Reports
- Treatment Plan
- Consultation
- Other: \_\_\_\_\_

**The purpose or need for such disclosure is:**

- Evaluation/Diagnosis
- Coordination of Care
- Treatment Planning
- Other \_\_\_\_\_

The requested records or information is for treatment provided during the following time frame:

**From** \_\_\_\_\_ **To** \_\_\_\_\_

Client or Guardian may revoke this consent at any time except to the extent that action has been taken in reliance on it. If not revoked, this consent will expire upon termination of treatment with Miki Johnston, LCSW. This information has been disclosed for the sole purpose stated in this consent. I understand that specific information to be disclosed may include drug and alcohol abuse or mental health treatment and any other such related information.

\_\_\_\_\_  
**Signature of Client**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent or Guardian of Minor Client**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Therapist**

\_\_\_\_\_  
**Date**

**Notice to Recipient of Information**

This information may have been disclosed from records whose confidentiality may be protected by federal and/or state law. If these records are so protected, further disclosure of this information is prohibited unless expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted except as required by law.

**Prohibition of Redisclosure**

This information has been disclosed to you from records whose confidentiality is protected by Federal Law 42 C.F.R., Part II. You are prohibited from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. A general authorization for the release of information is not sufficient for this purpose.