FOCUS FORWARD
COUNSELING AND CONSULTING, INC.
SUPPORT | GROW | SUCCEED

5975 Parkway North Blvd., Suite D
Cumming, GA 30040
(p) 404-388-3909
(f) 678-712-1945

3060 Kimball Bridge Rd., Suite 110
Alpharetta, GA 30022
www.focusforwardcc.com
info@focusforwardcc.com

Consent to Release Confidential Information

I, _____ , hereby authorize an exchange of confidential medical information between the following persons or agencies:

1. FFCC, Inc.
5975 Parkway North Blvd., Suite D
Cumming, GA 30040
Phone: (404)388-3909
Fax: (678) 678-712-1945

2. _____
_____
_____
Phone: _____
Fax: _____

The following items may be copied and or provided:

( ) Treatment Attendance
( ) Discharge Summary
( ) Psychiatric Reports
( ) Laboratory Reports
( ) Educational Reports
( ) Legal Documents
( ) Other: _____

( ) Level of Participation
( ) History and Physical Exam
( ) Psychological Reports
( ) Radiology Reports
( ) Disciplinary Reports
( ) Diagnosis

( ) Treatment Plan
( ) Progress Notes
( ) Consultation Report
( ) Medical Reports
( ) Testing Results
( ) Verbal Communications

The disclosure of information is required for the following purpose(s):

( ) Coordination of Treatment
( ) Referral to/from _____ .
( ) Other: _____ .

I understand that this consent is revocable, in writing, at any time prior to its expiration which will occur on _____.

_____ _____
Client's signature Date

_____ _____
For minor: Parent/Legal Guardian Signature Date