



AUTHORIZATION FOR THE RELEASE OR EXCHANGE OF INFORMATION

Participant Name: _____

Information To Be Released Or Exchanged With *(Place a checkmark next to the name of your Anger Management Facilitator):*

- Anita Avedian
- Molly Lyda
- Rachel Goukassian
- Erika Krueger
- Farnaz Toutouni
- _____

and:

Name: _____ Your relation: _____

Address: _____

Information To Be Released Or Exchanged:

- Attendance Record
- Participation
- Anger Management Modality (Class or Executive Coaching)
- Number of Court-ordered sessions
- Discharge Summary
- Psychiatric Evaluation
- Psychological Test Results
- Chemical Recovery History
- Dates of Hospitalization
- Court/Agency Documents
- Mental Status
- Treatment Plans
- Progress Notes
- Therapist Orders
- Diagnoses
- Crisis Intervention Reports
- Medical Records
- Family Systems Evaluation
- Consultation Reports
- Educational Records
- Educational-Tests and Reports
- Psychosocial Report

Other (specify)

This release is good through: (Date) _____

Participant Signature

Date