New Life Psychotherapy

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Authorization to Use and Release Health Information

. ,	not required to sign this		
) Do so only if you be	elieve it is in your best in	iterest.	
I hereby authorize Vanessa	Neuhaus, MS/New Li	ife Psychotherapy, to release and/or obtain the	:
following protected health is			
		in regard to (clie	ent):
The information to be discle	osed includes (please init	tial all that apply):	
Current/Past	Treatment Summary		
Pre-Treatmen	nt Assessment		
Psychiatric E	valuation(s)		
Psychotherap	by Notes		
Psychologica	l Assessment (s)		
Mental Status	s Examination/Diagnost	tic Assessment	
Drug/Alcoh	ol Evaluation/Treatment	t (s)	
Medical Reco	ords		
Lab/Other T	est Results		
Other:			
Psychotherapy. However, to understand that after I revol	the extent that action hake the authorization, no new authorization. Any i	any time by submitting a written request to New as already been taken, a revocation will not be pomore of this information can be released to the information I authorize will be held in strict confa.	ossible. I person or
Client Signature	Date	Vanessa Neuhaus, MS, LIMFT	Date

Date

Signature of parent/guardian

(Relationship to client)