

**Into the Light  
Mental Health and Consulting Services, Inc.  
201 NW 4th St. Suite 105  
Evansville, IN 47708  
812-454-1564  
Laura Symon, MSW, LCSW, CSAT, SEP**

**Release of Information**

Client Name\*: \_\_\_\_\_ DOB\*: \_\_\_\_\_ Social Security #\*: \_\_\_\_\_

Address Including Zip Code\*: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Work Phone\*: \_\_\_\_\_

I, \_\_\_\_\_, request and authorize Laura Symon and other professional associates of Into the Light Mental Health and Consulting Services, Inc. to disclose and receive the following\*:

☐ Assessment Summary ☐ All Recommendations

Person(s) or agency(ies) to receive information

\_\_\_\_\_ From date \_\_\_\_\_ To date \_\_\_\_\_

Purpose of disclosure\*:

☐ Continuity of care ☐ Family participation ☐ Legal Requirement

☐ Assessment/evaluation ☐ Discharge/Follow up ☐ Insurance verification/billing

☐ Other: \_\_\_\_\_

I authorize the use of a photocopy or facsimile of this form for the release or disclosure of the information described above.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This consent is subject to revocation at any time except to the extent that the individual program that made the disclosure has already taken action in reliance on it. If not previously revoked, this consent will terminate upon \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ or in the following event or condition:

\_\_\_\_\_  
**This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by written consent of the person to whom it pertains or otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.**