Individual & Couples Psychotherapy
A Mindfulness approach in healing, growing, and enriching life.
Telehealth/Online serving all areas of New Mexico jan@janstonecounseling.com 505-610-9214

## **RELEASE OF INFORMATION**

I (please print), RELEASE OI	, h BTAIN the information designa	ereby authorize Jo ated below for:	an Stone, M.A., L.P.C.	C., to	
(Client name)	, SS#	, DO	OB//		
TO FROM th	ne following organization/ind	ividual:			
Name of Individual	or Facility/Organization	Address		_	
City	State	Zip	Phone Nun	nber	
The information will	be used for the following pu	rpose(s)			
Release of informa	tion is authorized for:				
Yes No					
Yes No					
Yes No	Mental/behavioral health	n records excludin	g progress/session no	tes.	
	nis consent may be revoked			=	
	nce hereon. If not revoked s I also understand that I ho	_	=		
disclosed, unless d	eemed that such disclosure i	s not in my best in	terest.		
Patient Signature			// Date	-	
Guardian/Legal Representative Signature			// Date		
			//		
Witness Signature			Date		

This information has been disclosed to you from records protected by Federal confidentiality rules (42 C. F. R. Part 2). The rules prohibit any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. 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 information to criminally investigate or prosecute any alcohol or drug abuse clients. State and federal regulations protect this information.