RIVER VALLEY BEHAVIORAL
HEALTH & WELLNESS CENTER, LLC

8640 Eagle Creek Cr., Savage, MN 55378
Phone: 952-746-7664 Fax: 952-224-4867

AUTHORIZATION TO RELEASE INFORMATION

CLIENT INFORMATION:	Name: _____ Date of Birth: _____ Address: _____ Phone: _____ City: _____ State: _____ Zip: _____
I authorize this clinic to: ☐ Send ☐ Receive ☐ Exchange	River Valley Behavioral Health & Wellness 8640 Eagle Creek Cir, Savage, MN 55378 P: 952-746-7664 F: 952-746-0582 Provider(s):_____
I authorize this clinic/organization/person to: ☐ Send ☐ Receive ☐ Exchange	CLINIC/ORGANIZATION/PERSON: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____ Email Address: _____ ☐ **I am requesting these records for myself as the client**
INFORMATION TO BE RELEASED via: ☐ Fax ☐ Mail (Certified w/ fee) ☐ Email (Encrypted) ☐ Verbal	☐ Discharge Summary/Note ☐ Behavioral Programs ☐ Academic Testing Reports ☐ Probation Records ☐ School Grades/Behavior Records/IEP ☐ Chemical Dependency Treatment ☐ Psychological Test Results ☐ Service Plans ☐ Vocational Testing Reports ☐ Psychological Reports ☐ Psychotherapy Notes ☐ Other: _____
PURPOSE FOR RELEASE OF INFORMATION:	☐ Planning Treatment or Program ☐ Continuing Care ☐ Other: _____ ☐ Legal ☐ Social Security Disability
	I understand this authorization is voluntary and lasts for one year after the date I sign it unless I enter a different date here: _____. This authorization can be cancelled in writing at any time. A cancellation will not change releases that occur before the cancellation date. A photocopy/fax of this authorization will be treated the same as an original. River Valley Behavioral Health & Wellness Center, LLC cannot prevent redisclosure of your information by the person or organization who receives your records under this authorization. By signing this authorization, you release River Valley from any and all liability resulting from redisclosure by the recipient. Your signature indicates you have read and understand this form and authorize release of your information as described above.

Client Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____