DIALECTICAL BEHAVIOR THERAPY CENTER OF SAN DIEGO

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AUTHORIZATION FOR RELEASE OF MENTAL HEALTH RECORDS

The undersigned authorizes the release of the mental health records described below:
Name of Patient: ____
Date of birth: _______ (month) _____ (day) _________ (year)

Current psychiatrist or therapist authorized to release information:
Name: ______________________________ Phone: ________________
Address: ____________________________ Fax: __________________

Name of agency to receive records or information:
Dialectical Behavior Therapy Center of San Diego (DBT Center of San Diego)

I authorize the above named person/agency to release the following information about me to DBT Center of San Diego. Authorization is limited to the information below circled "Yes". I also authorize therapists at DBT Center of San Diego to speak to the above named person or agency regarding the information about me indicated below, for the purpose of coordinating treatment.

No Yes Diagnosis — No Yes Medical History

No Yes Psychological Evaluation — No Yes Treatment Plan

No Yes Progress Notes — No Yes Treatment Summary

No Yes Other (specify) ____

The use of the information released is limited to Assessment and Treatment planning. This authorization is valid for one year from date of signature, unless the patient specifies a different date here: ________________

I release Dialectical Behavior Therapy Center of San Diego and Milton Brown from legal liability arising from the release of this information indicated above.

The undersigned patient has the right to receive a true copy of this authorization. By placing your initial in the space under this paragraph, you acknowledge that a true and correct copy of this authorization has been received. **Initials:** __________________

	Name (printed)	Signature	Date
Patient	____________________	______________________________	_________
Legal Guardian	________________	______________________________	_________
Legal Guardian	________________	______________________________	_________

Date faxed/mailed: / / by Ready to file away ☐

If you have received this form in error, please immediately notify us by e-mail (admin@ dbtsandiego.com) or telephone (619-602-0726), and permanently destroy or delete the original and all copies of this form.