

Selin E. Caka, MA, LMFTA

Consent to Release Information

I, _____ authorize Selin Caka, MA, LMFTA to:
[Full Name of Person(s) Consenting]

- disclose information to
- exchange information with
- obtain information from
- family members _____
- health care providers _____
- legal counsel _____
- state/local government agencies _____
- client's school _____
- Other _____

The information specified below concerning the treatment of: _____
[Client's Full Name]

Information that may be disclosed [check all that apply]:

- Treatment Plan
- Social History
- Urine Drug Screen Results
- Services Received
- Substance Abuse/Use
- Case Closing Summary
- Medication(s) Prescribed
- Family/Social History
- School Results
- Diagnosis
- Legal Status/History
- Other _____
- Evaluation/Assessment
- Employment History
- Other _____
- Progress Notes
- Performance History

Information should be sent to: Selin Caka, MA, LMFTA
901 Boren Ave, #1300
Seattle, WA 98101

Signatures on following page

As the person signing this Consent, I understand that I am giving permission for Selin Caka, MA, LMFTA to release, obtain and/or use confidential health information. I understand that treatment, payment, enrollment or eligibility for benefits is not affected by signing this form. I understand that I may refuse to sign this Authorization. A copy of this Authorization will be included in my client record.

I understand that I may revoke this Consent/Authorization at any time, except to the extent that action has already been taken to comply with it. I will notify Selin Caka, MA, LMFTA, in writing, of my desire to revoke this Consent/Authorization; my revocation is not effective until delivered in writing. This Consent/Authorization will automatically expire upon termination of therapy.

Name of Client

Client / Legal Authorized Representative Signature *

Date

*Authorization must be signed by the Client. If the signature is not that of the Client, please complete the following:

Client is under the age of 13

Client is unable to sign because: _____

Relationship to client: _____