



**Anxiety and OCD  
Treatment Center  
of Ann Arbor**

*Providing evidence-based treatment across the lifespan*

**CONSENT FOR RELEASE OR  
EXCHANGE OF INFORMATION**

I/We, \_\_\_\_\_,  
authorize the Anxiety and OCD Treatment Center of Ann Arbor to  disclose information to  
or  exchange information with

\_\_\_\_\_  
Name, Organization/Title

\_\_\_\_\_  
Contact Information

Regarding  myself or  my/our minor child \_\_\_\_\_  
Client's name

Type of information to be disclosed or exchanged: \_\_\_\_\_ Mental Health \_\_\_\_\_

Any exclusions: \_\_\_\_\_ None \_\_\_\_\_

For the purpose of \_\_\_\_\_ Continuation of Care \_\_\_\_\_

This authorization expires (date/condition/event): one year from date signed or end of treatment

I/We understand that I/we have the right to revoke this authorization at any time by sending written notification to the Anxiety and OCD Treatment Center of Ann Arbor at the address listed below. I/we understand that a revocation of the authorization is not effective to the extent that action has already been taken in reliance on the authorization.

Unless specifically excluded, this authorization may include any information contained in my/our psychological or mental health records, including any alcohol and drug abuse treatment, any information related to HIV infection, Acquired Immunodeficiency (AIDS) and AIDS Related Complex (ARC), and psychiatric, psychological or social work services records, including communications made by me/us to you, under the conditions described above.

Unless I/we have specifically requested in writing that the disclosure be made in a certain format, I/we understand that the Anxiety and OCD Treatment Center of Ann Arbor reserves the right to disclose information as permitted by this authorization in a manner they deem appropriate and consistent with applicable law, including, but not limited to, verbally, in paper format, or electronically.

\_\_\_\_\_  
Signature of client(s) or parent/guardian date

\_\_\_\_\_  
Signature of witness date