

The ITM Group

INTENSIVE TREATMENT MODALITIES

Alvin Butler, LMHC

Harry Spears, LMHC

Authorization for Evaluation and Release of Information

I understand that I, _____, am participating in an evaluation conducted by _____.

I may be asked to participate in a variety of diagnostic procedures designed to assess my medical status, presence of psychiatric illness, personality functioning and/or cognitive functioning. These procedures may include a personal interview, inquiries of related collateral sources, a review of authorized personal records, and standardized psychological tests. Furthermore, I may be requested by The ITM Group to allow access to medical, psychological, social history, or educational information from various entities as identified below in the authorization for release section in this form. The information obtained during the evaluation as well as results of the evaluation are confidential and shall be maintained in the strictest security with the exception of special conditions as indicated below. I also understand that as a mandated reporter by the state of Florida, The ITM Group personnel are obligated to report allegations of child physical and sexual abuse to the authorities. With this full understanding I agree to participate in this evaluation and authorize the parties indicated below to release information to The ITM Group for the purposes of this evaluation.

I authorize The ITM Group to release this information to the following agencies:

Please check the appropriate entity or entities

_____ The Department of Children and Families/the Courts

_____ My attorney: _____

_____ State Attorney: _____

_____ Other: _____

_____ Other: _____

I authorize the following individuals/agencies to release the information indicated:

The ITM Group

This release shall remain valid for one year from the original date of authorization. I understand that I can withdraw from participation at any time during the evaluation. I also understand that I can withdraw authorization for release of information at any time by submitting a written request to the address below.

Client Signature

Date

Parent/Guardian Signature

Date

Witness Signature

Date

225 SW 7th Terrace

Gainesville, FL 32601

Tel: 352-379-2829 Fax: 352-379-2843

Email: shawitm@aol.com Web: itmflorida.com