

Gannon J. Watts LLC

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Gannon J. Watts
Licensed Professional Counselor - Supervisor
Licensed Addiction Counselor
Nationally Certified Counselor
Nationally Certified School Counselor
Internationally Certified Advanced
Alcohol & Other Drug Abuse Counselor

Request for Release/Exchange of Client Information

I, _____, hereby authorize Gannon J. Watts LLC to release/exchange information concerning _____ to the following individual under the conditions listed below:

1. Name of person, organization, phone number and address to whom release/exchange is to be made:

ATTENTION: _____

2. Specific type of information to be released/exchanged:

Diagnosis Discharge/Summary Physical Exam
 Progress Drug/Alcohol History Mental Status Exam
 Prognosis Recommendation Other
 Treatment Summary

3. The purpose and need for such release/exchange:

Referral Aftercare Planning Continuity of Care
 Other Family Involvement

I understand that if the person(s) or entity (ies) that receives the information is not a mental health care provider or health plan covered by federal privacy regulations, the information described above may be redisclosed and is no longer protected by those regulations. Therefore, I release Gannon J. Watts LLC, from all liability arising from the release of my mental health information.

I understand that I may revoke this consent by notifying, in writing, Gannon J. Watts LLC, knowing that previously released/exchanged information would not be subject to my revoke request. It is my understanding that this authorization will expire in one year from the date signed below.

I understand that I may refuse to sign this authorization, and that my refusal to sign will not affect my ability to obtain treatment, payment or my eligibility for benefits.

Client (Parent/guardian) Signature

Date

Witness Signature

Date