

## **Release of Information Serenity Wellness**

I \_\_\_\_\_ grant permission for  
\_\_\_\_\_ to obtain the following from  
Serenity Wellness.

I \_\_\_\_\_ grant permission for  
\_\_\_\_\_ to disclose the following to  
Serenity Wellness.

- ☐ Psychiatric record in the form of a treatment summary
- ☐ Psychiatric record including Progress and Admission notes
- ☐ Substance Abuse record
- ☐ HIV/Hepatitis test results
- ☐ Medical record
- ☐ Diagnosis and treatment plan
- ☐ Appointment history

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date