

Suggested Format for Informed Release
(CDJFS Letterhead)

To: _____

Case Number: _____

The following information has been requested by you (or your legal guardian):

Because of the nature of this information, copies of the requested material may only be released to a physician, psychiatrist, or psychologist. Please indicate on the attached HIPAA compliant authorization form who you want to receive this information.

By your signature below, you are allowing the requested information to be released to the indicated practitioner.

Signature

Date

Name of Practitioner
Address