

## AUTHORIZATION FOR THE EXCHANGE OF INFORMATION

(Information to be exchange with or released to)

Attorney: \_\_\_\_\_

Address: \_\_\_\_\_ Phone:( ) \_\_\_\_\_

Guardian Litem: \_\_\_\_\_

Address: \_\_\_\_\_ Phone:( ) \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

- Entire Record  Evaluation scores  Mental Status  Treatment Plans
- Consultation Reports  Psychiatric Eval.  Progress Notes  Therapy notes
- Tests and Reports  Diagnosis  Crisis Intervention Reports  Medical Records  Lab Results  Psychological

Report Records Request There is a fee for our office to copy records per South Carolina Law (SC ST SEC 44-115-80). If you are requesting records from Touma & Associates, a signed release of records form must be filled out. If records are requested from a joint session all parties must sign a release form. It is required by law to have the signed form to release records. A Therapist or other owner of medical records may charge a fee for the search and duplication of medical records. We do require payment prior to the copying of record(s). Once payment is received, we will send the records to you or you may pick up the records from our office. Our office requires up to 15 to 30 business days after payment is received to copy the records and get them ready to mail or for pick up. All releases must be approved and signed off by the Therapist before any copies can be made. Requests must be detailed as to what records need to be copied.

Sincerely, Touma & Associates

\_\_\_\_\_  
Client name/Guardia

\_\_\_\_\_  
Signature

\_\_\_\_\_  
date