Jennifer M. Shuart, MSW, LICSW, MSN, APRN
Stepping Stones to Well Being, LLC

This release is for ONE provider. **By law written permission is required to release your medical information:**

Patient Name Sally Smith DOB: 3/4/05

Address: 121 Main St. Epping NH 03042

I hereby request and authorize Stepping Stones to Well-Being, LLC. to (please check the appropriate box)
X Exchange With ___ Receive From ___ Provide to/with
Name/Address/Phone/Fax: Susan Smith

Please use another page for additional providers

The purpose of this release is for: ☑ Coordination of Care ☐ Transition of Care

Information to be released in written or oral form (Please Check):

	Initial Evaluation		Medical History
✓	Recent Lab Work	✓	Treatment Summary
✓	Diagnosis	✓	Current Medications
	Hospital Discharge Summary		Psychological Testing
	IEP/504 Plan	✓	Appointment Times/Attendance
	Other		Other

If my initials appear here SS, I specifically authorize release of drug, alcohol abuse, sexually transmitted disease and/or counseling/psychiatric records. I understand that my drug treatment records are protected by under federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, Subpart C and cannot be disclosed without my written consent unless otherwise provided for in the regulations.

If my initials appear here _____, I specifically authorize release of my records that contain information about my HIV diagnosis, tests or treatment of HIV and AIDS, and which may contain reference to my identity as HIV positive or as an AIDS patient.

I have carefully read and understand the above statements, and voluntarily consent to disclosure of the above information about, or medical records of my condition to those persons of agencies named above. I understand this authorization may be revoked at any time. Revocation must be made in writing.

This authorization will expire at the termination of treatment unless revoked prior to termination of treatment.

Sally Smith — 4/2/22

Client/Guardian Signature — Date

_____ — _____

Jennifer M. Shuart, LICSW, PMHNP-BC, APRN — Date

Updated: 1/3/22