



245 Barclay Circle, Suite 300, Rochester Hills, MI 48307
248-648-1105 • FoundationForFamilies.org

NEW DAY FOUNDATION FOR FAMILIES EMOTIONAL SUPPORT PROGRAM

Participant Release of Information: Therapist and New Day

Name of Participant/Guardian

Date of Birth

I understand that Michigan law requires each client's consent for the release of confidential information related to medical/mental health. With this understanding, I hereby waive any right to confidentiality as it relates to the following exchange of information.

From Therapist to New Day Foundation for Families

- Therapy start date
- No-Show/Late cancelation appointment date(s)
- Request for Additional Sessions and number of sessions to be funded by New Day
- Session dates (for funding records purposes only)
- Case closed date
- Continuation as private client of therapist independent of New Day at the completion of grant
- Termination of therapy relationship, if applicable

From New Day Foundation for Families to Therapist

- Patient referral information: name, date of birth, address, phone, gender
- Number of sessions approved

I give permission for the above mentioned information to be released and received between New Day and the therapist. This will remain in effect for 30 days after the last session is completed. I understand that I can revoke this authorization at any time through written notice and have the right to examine and copy the information released/received.

Signature of Participant

Date

Signature of Therapist

Date