New Day FOUNDATION
FOR FAMILIES FIGHTING CANCER

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: Mental Health Professional 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 the mental health professional to New Day Foundation for Families:

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

From New Day to the mental health professional:

- Patient referral information: name, date of birth, address, phone number/email address, gender, relationship to individual with cancer if applicable
- Number of sessions approved

I give permission for the above mentioned information to be released and received between New Day and the mental health professional. 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