



# Marriage & Family Life, LLC

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## MENTAL HEALTH RECORDS AUTHORIZATION RELEASE

I grant/authorize my full consent to Marriage & Family Life to release AND receive health-related information from the agencies/individuals listed below ensuring my health/well-being is of the highest regard. I grant/authorize my full consent to release ONLY the information considered reasonably necessary for the best possible outcome in my behavioral/mental health treatment/evaluation/care at MFL.

Add Agency's Full Name (if applicable) and at least 1 Individual's/Provider's Full Name & Title. Phone and Email are Mandatory.

1. Agency \ Individual Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_
2. Agency \ Individual Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_
3. Agency \ Individual Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_
4. Agency \ Individual Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I fully understand I am **NOT** required to sign this **Release & Authorization** to receive services from Marriage & Family Life. I understand it is my right to inspect/copy/ receive information to be disclosed under this signed form. I may revoke this **Release & Authorization** at any time, in writing, by sending such to Marriage & Family Life: 4901 Center St, Tacoma, WA 98409

I fully understand when behavioral/mental health information is disclosed to a person/agency, those parties may re-disclose it, which may mean your privacy is at risk. Please discuss this signed authorization with agencies &/or persons listed above. Health-related agencies may require you to sign their authorization release form, which offers further information-sharing protection.

**Printed Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_

Print Parent/Responsible Party Name if Client is a Minor: \_\_\_\_\_

Parent/Responsible Party Signature: \_\_\_\_\_

**Release & Authorization expires 1 year after the date signed – complies with RCW 70.02.030.**

