



# Ann Arbor Consultation Services

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## Document Completion Request and Release

Client Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian Name, if applicable \_\_\_\_\_

1. Type of Information to be disclosed: **(describe document requested\*)**: \_\_\_\_\_

*\*My signature on this release indicates that I understand that completion of document(s) will require disclosure of information regarding my/my child's diagnostic assessment and/or treatment at Ann Arbor Consultation Services*

2. This consent is subject to revocation at any time except to the extent that the program which is to make the disclosure has already taken action in reliance upon this release (i.e., we are not responsible for information released prior to revocation). If consent is not voided then this release will terminate on:

A. Date: \_\_\_\_\_ 6 months after date of my discharge from Ann Arbor Consultation Services \_\_\_\_\_

B. Event: \_\_\_\_\_ 6 months after date of my discharge from Ann Arbor Consultation Services \_\_\_\_\_

C. Condition: \_\_\_\_\_ not applicable \_\_\_\_\_

3. Recipient Name : \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Fee (payment must be received before document can be released)

\$35 (1-2 pages) \$50 (3-4 pages) \$65 (5-6 pages) \$80 (7 pages); Add \$15 per page past 7 pages

TOTAL FEE \$ \_\_\_\_\_

NOTE: Some documents are "repeating" (completed on subsequent occasions at my request). If this is the case, I understand that this release will apply to those future-requested document(s). I will be charged the amount above each time I request the same document to be completed at a point in the future, unless this release has expired per the conditions above.

Client Signature (or parent/guardian) \_\_\_\_\_ Date \_\_\_\_\_ Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

\*I understand that my consent to release information will include sending requested information to the noted receiving party. I understand that this release is reciprocal, meaning that it also permits the receiving party to send/communicate information to Ann Arbor Consultation Services.