CLIENT AUTHORIZATION

Coordination between a clinician and The Autonomy Commission

This form lets your clinician and The Autonomy Commission speak with each other about how your therapy and your work on the Path to Freedom fit together. Signing is your choice. It is not a condition of your treatment, and it is not a condition of taking part in the path.

Client name _____

Clinician and practice _____

Clinician contact _____

What may be shared

I authorize my clinician and The Autonomy Commission to exchange only the items I have marked, in either direction:

[ ] That I am taking part in both

[ ] Scheduling and general pacing of the two kinds of work

[ ] My general progress, as I describe it

[ ] Written reflections that I choose to share, listed here: _____

Nothing else may be shared. The purpose is to coordinate the pace and safety of the two kinds of work.

What you should know

- Expiration. This authorization ends on _____, or twelve months after I sign it, whichever comes first.
- Revoking it. I may revoke it at any time by telling either party in writing. Revoking it does not undo what was shared before.
- Privacy. Information shared with The Autonomy Commission may not be protected by the privacy rules that protect information held by my clinician.
- Danger. This form does not change what either party must do if someone is in danger.
- No advice. The Autonomy Commission does not diagnose or treat, and it does not advise on medication or clinical decisions.

Client signature	Date
Clinician signature	Date
The Autonomy Commission	Date

A template provided by The Autonomy Commission. Clinicians should adapt it to their own authorization requirements and have it reviewed by counsel. The Path to Freedom is not psychotherapy or medical care.

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