



Authorization to Release Information

Client Name: _____ Age: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Message phone: _____

Email address: _____

By signing this form, I, _____, hereby authorize Northwest Christian Counseling, LLC to:

- release information to [and/or] obtain information from

the person(s) or organization(s) listed below:

Person/Organization: _____

Purpose for release of info: _____

I authorize the release of the following information (check all that apply):

- Written or Verbal Exchange of Information Treatment Summary
- Progress Notes Intake Form/Paperwork
- Treatment Plan/Updates Other (list): _____

List any restrictions: _____

I understand that this authorization may be withdrawn by me at any time, but that revocation of this authorization will not affect any information previously released. If no express revocation is issued, this written authorization will expire one year from the date it is signed and/or upon the following date/event/condition (whichever comes first):

A copy of this signed authorization form shall have the same effect as the original.

Name(s) of Client with records to be disclosed (print)

Signature Client (or Parent/Guardian) 1 Date

Signature Client (or Parent/Guardian) 2 Date

Counselor name/signature/credentials Date