

## Release of Information

I \_\_\_\_\_ hereby authorize  
(client)  
\_\_\_\_\_ and  
(counselor)  
\_\_\_\_\_ to release and disclose  
(3rd party)  
information pertaining to my evaluation and/or counseling/group sessions.

I understand that this authorization shall remain valid from the date of my signature below for 12 months. I also understand that if there are any specifics that need to remain confidential, I will or have express(ed) these with \_\_\_\_\_.  
(counselor)

I have been informed that I may revoke this authorization by written or oral communication to my counselor. I certify that this form has been fully explained to me and that I understand its contents.

\_\_\_\_\_  
Client Signature / Date

\_\_\_\_\_  
Witness Signature / Date