



Aspenwood Counseling and Behavior Center, Inc.

1305 Albion Avenue

Burley, Idaho 83318

Phone: 208-878-9178

Fax: 208-878-9179

Release of Information

To: Dr. _____ Medical Facility _____

Client/Patient: _____ DOB: _____

The above noted doctor/facility is authorized to release health and medication records to Aspenwood Counseling regarding the above-named patient.

This consent may be revoked at any time, except if the release has been taken or prior to revocation. Release will expire one year from the date. You may revoke release of information at any time.

Client/Patient

Date

Parent/Legal Representative

Date