

**Kara Fleming, LPC  
MindBody Counseling & Fitness  
149 So. Euclid Ave. Westfield, NJ 07090  
(908)-578-7857**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I (We) authorize \_\_\_\_\_  
(Facility/Provider)

\_\_\_\_\_ to release  
(Address)

\_\_\_\_\_  
(State specific nature of information to be disclosed)

from the clinical record of \_\_\_\_\_ (\_\_\_\_\_)  
(Name of client/recipient of mental health services) (Date of birth)

To Kara Fleming, LPC at MindBody Counseling & Fitness, 149 So. Euclid Ave. Westfield, NJ 07090  
for the purposes of facilitating counseling/consultation, and/or conducting an evaluation.

I understand that have the right to revoke this authorization, in writing, at any time by sending notice to Kara Fleming, LPC at MindBody Counseling & Fitness. I understand that a revocation is not valid to the extent that Kara Fleming has acted in reliance on such authorization. This authorization is valid until \_\_\_\_\_.

It has been explained to me that if I refuse to consent to this release of information, the following are the consequences (specify, if any): **Coordination of care will be difficult and progress may not be as substantial if no information is released and/or if communication between signification parties involved is not permitted.**

A copy of this release shall have the same force and effect as the original.

\_\_\_\_\_  
(Client Signature 12 yrs. or older) (Date) (Parent/Guardian Signature) (Date)

\_\_\_\_\_  
(Witness) (Date) (Relationship)

**NOTICE TO RECEIVING FACILITY/THERAPIST:** You may not re-disclose any of this information unless the person who consented to this disclosure specifically consents to such re-disclosure.

I understand that there is a potential for re-disclosure of this information by the recipient and, if that occurs, the information may not be protected by federal law.