Veronica Wolf Counseling, LLC
Phone: 531-600-9584
Fax: 531-329-6807
Email: veronica@veronicawolfcounseling.com
Website: www.veronicawolfcounseling.com

Release of Information

Name of Client: _____ Date of Birth: _____

Full Address: _____

Phone #: _____

Name of Person/Entity Granted Release:

Full Address: _____

Office Phone: _____

I authorize Veronica Wolf Counseling, LLC to disclose/obtain information to/from the person/entity above for purposes of consulting, collaborating, evaluating, assessing, treating, planning, coordinating, teaching, and/or supervising.

The type of information that may release may be released includes assessments, evaluations, diagnoses, medical records, personal information, demographic information, treatment summaries, discharge summaries, court reports, educational records, and/or vocational records.

This release is valid up to one year unless revoked through a written request. If there are any additions or limitations to the above purposes OR types of information disclosed, note those here:

_____

_____

I grant a release of information to/from the person/entity listed above with Veronica Wolf Counseling, LLC.

_____
Printed Client Name

_____
Printed Guardian Name

_____
Signature Date

_____
Signature Date

_____
Veronica Wolf Counseling, LLC Representative

_____
Signature Date