

**Client Authorization to Release/Receive Confidential Information**

**Client’s full name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Client’s date of birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Counselor's Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AUTHORIZATION GRANTS THE FOLLOWONG PERSON(S) TO: (Please Check All that Apply)**

* ACCESS MY CLIENT PORTAL
* COMPLETE MY FORMS AND DOCUMENTS
* MAKE PAYMENTS/ACCESS PAYMENT INFORMATION
* CONSULT WITH MY HEALTH CARE PROVIDER OR EDUCATOR
* RELEASE/RECEIVE CONFIDENTIAL INFORMATION-RECORDS TO/FROM THOSE SPECIFIED BELOW

I authorize my counselor and the following person/agency/facility/school to function as circled above and

described below on my behalf:

 **Full Name, Title, Contact Information, Relationship to Client, and any Limitations of your consent:**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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My signature indicates my authorization and consent of counselor to share and/or receive confidential

information or the permission of identified persons/others to perform above specified actions on my behalf.

**Client's Printed Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client's Signature (14 yrs. or older):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent’s/Legal Guardian's Printed Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent’s/ Legal Guardian's Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*This Authorization will expire one year from date signed or when expressly (written) terminated by Client or Client's Parent/Legal Guardian (if under 14 yrs.) or 60 days following last date of service at DZ Counseling/Daniel Zykorie, LLC