

Jodi G. Dunphy, M.A., LPC

Individual, Family, & Group Counseling

Authorization to Obtain/Release Information

Adult client: I, _____

Minor client: I, _____, for _____
(Parent or Legal Guardian) (client's name)

authorize Jodi G. Dunphy, M.A., LPC
10080 Ocean Hwy, Unit 8
Pawleys Island, SC 29585

to disclose information to and/or obtain information from:

Person's Name, Organization, Address, Phone

- Verbal summary of patient records including family and patient history, treatment records, diagnoses, etc.
- Written summary of patient record including family and patient history, treatment records, diagnoses, etc.
- Complete patient records.
- Psychological evaluation reports or other test results.
- School records and/or observations
- Other (please describe)

In consideration of such disclosure on the part of the above named persons and/or institutions, I hereby release them from any and all liability arising there from. This consent is subject to revocation at any time except to the extent that action has been taken in reliance thereon and will expire _____.

Signature

Date

Witness

Date