



## Release of Information Form

### Client Information:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### Counselor Information:

Counselor's Name: Joshua Straszewski

Business Name: "Surf the Craving"

Phone Number: 928-237-8993

Email: contact@surfthecraving.com

Purpose of Release: I, the undersigned, authorize Joshua Straszewski and "Surf the Craving" to release the following information to the specified individual or organization for the purpose of coordination of care, legal proceedings, etc.

### **Information to be Released:**

[ ☐ ] Treatment Plans

[ ☐ ] Progress Notes

[ ☐ ] Billing Information

[ ☐ ] Other: \_\_\_\_\_

### **Recipient Information:**

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Expiration of Authorization:** This authorization will expire one year from client's dated signature, or upon the occurrence of the following event: \_\_\_\_\_.

**Client's Rights:** I understand that I have the right to revoke this authorization at any time by providing written notice to Joshua Straszewski and "Surf the Craving". I understand that revocation will not affect any information that has already been released in reliance on this authorization.

**Signature:**

Client's Signature: \_\_\_\_\_

Date: \_\_\_\_\_