

General Consent Form for

Fearless Counseling Authorization for Release of Information

I hereby request and authorize Fearless Counseling to release or receive information from:

To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person or agency requesting the information.

For the purpose of treatment planning and coordination of services.

I understand that this release is used to release information related to mental health treatment, for the purpose of treatment planning and assessment. I have the right to rescind my consent at any time prior to the release of information.

This consent if good for one year to the date of signature.

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Signature of client or adult Date

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Signature of Witness Date