



Liganore Counseling and Wellness, LLC
11670 Old National Pike, #103
New Market, MD 21774
301-865-2226 p 301-865-6720 f
www.liganorecandw.com

Authorization for Release of Information

I _____, hereby consent to the disclosure of the specific information listed in this document regarding:

_____, _____ by:
(name of client) (date of birth)

(Therapist Name)

(Therapist Signature)

To and From:

(name and address of organization and/or person to which information is provided)

For the purpose of on going diagnosis, treatment, planning, social, vocational and educational planning.

The following information is hereby authorized for release:

- Mental Health evaluation & treatment plan/records
- Substance abuse evaluation & treatment plan/record
- EAP assessment & treatment recommendations
- Reports of progress, compliance & completion of recommended treatment completion (includes reports of other providers relating to compliance & progress)
- Discharge Summary & Compliance with treatment recommendations
- Other Records from _____

This authorization is subject to revocation at any time; and in any case expires upon fulfillment of purpose for which this consent is given.

(signed)

(date)

(person authorized to consent for client & relationship)

(date)

(signed)

(date)