

**Present Wellness Counseling, LLC**  
**Katie Reed, LPC, NCC**

**The Crescent House**  
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**INFORMATION EXCHANGE/RELEASE OF INFORMATION**

Client: \_\_\_\_\_ DOB: \_\_\_\_\_

I, \_\_\_\_\_ give authorization and permission to Present Wellness Counseling, LLC  
(Client/Custodian)

Counselor: *Katie Reed, LPC NCC* to communicate, exchange, and release information to:

Agency: \_\_\_\_\_ Staff/Individual: \_\_\_\_\_

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

The purpose and need for this exchange is to be able to share or disclose client information between Present Wellness Counseling, LLC to an identified agency or provider. This form is valid for one year from the date signed. This form may be terminated at any time at the request of the client and/or custodian. Cancellation will not cancel any communications or exchanges taken prior to termination. I also understand that if the persons or entities I authorize to receive my Protected Health Information are not health plans, covered health care providers or health care clearinghouses subject to the Health Insurance Portability and Accountability Act (HIPAA) or other federal health information privacy laws, they may further disclose the protected health information and it may no longer be protected by HIPAA or federal health information privacy laws.

I, the undersigned, acknowledge that I have read and understand the use of this authorization prior to its execution. In consideration of this consent, I hereby release the above parties from any legal liability for the release of this information.

\_\_\_\_\_  
CLIENT SIGNATURE (14 years of age or older)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
COUNSELOR SIGNATURE

\_\_\_\_\_  
DATE