**RELEASE OF INFORMATION**

Client’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_

I hereby authorize\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to disclose to/ and or

(Restore Life Counselor)

mutually release and exchange the information in said records with the following person(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give my permission for the following to be exchanged/ released for the purpose(s) stated. (Place initials next to the appropriate description of information desired for exchange/release)

\_\_\_\_\_\_\_\_\_\_\_ Exchange copy of intake paperwork between therapists

\_\_\_\_\_\_\_\_\_\_\_ All information pertaining to ongoing treatment for the purpose of ongoing counseling consideration

\_\_\_\_\_\_\_\_\_\_\_ Financial/ Billing for billing only

\_\_\_\_\_\_\_\_\_\_\_Other (Please describe below: include purpose of request)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that this is subject to revocation by me in writing, except to the extent that action has been taken on it. The release automatically expires, according to state law one year from the affixed date or at termination of counseling. I hereby release from all legal liability that may arise from the mutual exchange/release of the requested information Restore Life Behavioral Health, the above named Restore Life Counselor, and the above names third party/organization.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Printed name of CLIENT-OR Printed name of PARENT/GUARDIAN, if client is a minor)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_

(Signature of CLIENT-OR Printed name of PARENT/GUARDIAN, if client is a minor) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Printed name of WITNESS)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

(Signature of WITNESS) (Date)

**\*All blanks must be completed for the form to be considered a valid form, with one exception: In the section where selection is made regarding information to be released/exchanged, all blanks may not need to be filled. If information is sent via facsimile transmission, we must receive an accompanying copy of a photo id with photograph and signature on the same side of the identification card for every signature affixed on this form.**