



**VISTA COUNSELING, LLC.**

## Release of Information Consent

I, \_\_\_\_\_, authorize VISTA Counseling LLC., to:

Send

Receive

The following information:

Progress Notes or Visits Summaries

Communication Information and Records

Any Information Deemed Appropriate

Other \_\_\_\_\_

To/ From

My attorney \_\_\_\_\_

Guardian-Ad Litem \_\_\_\_\_

Additional Attorney(s) \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Client: \_\_\_\_\_ Relationship to the child \_\_\_\_\_

Client Signature: \_\_\_\_\_