



# Emmaus Family Counseling Center

INDIVIDUAL • MARITAL • FAMILY THERAPY • CHILD • ADOLESCENTS

## BETH MICH, MA, LPC, PLLC

### Authorization for Release of Information

I hereby authorize \_\_\_\_\_ to:

\_\_\_\_\_ Release To                      \_\_\_\_\_ Exchange With                      \_\_\_\_\_ Receive From

\_\_\_\_\_  
(Name of person, agency, or organization)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

The following information about: \_\_\_\_\_

_____ Treatment Summary	_____ School Records
_____ Psychological Test Results/Reports	_____ Medical Records
_____ Progress Notes	_____ Verbal Communication

This information will be used for the following purpose(s):

\_\_\_\_\_ Assessment                      \_\_\_\_\_ Treatment                      \_\_\_\_\_ Other: \_\_\_\_\_

This consent will automatically terminate in one year or on: \_\_\_\_\_

It may be revoked at any time, in writing, by the undersigned.

I understand the potential advantages and disadvantages, if any, of releasing this information, and understand that treatment services are not contingent upon my decision to sign this release.

Client: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

#### Attention

Persons, agencies, or institutions to whom this information is disclosed are prohibited by Federal Law from disclosure without the written consent of the person to whom the information pertains. A general consent for the release of information is NOT sufficient for this purpose.