

## Authorization for Release of Information

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ at ClearWater Counseling to

Release information to \_\_\_\_\_  
(therapist's name)

Obtain information from \_\_\_\_\_  
(therapist's name)

For the purpose of \_\_\_\_\_

Name of client \_\_\_\_\_

The following information is to be released:

- Medical
- Psychiatric/Mental health treatment
- Drug and/or alcohol
- Employment
- Educational
- Financial
- Social
- Criminal History
- Other (specify) \_\_\_\_\_

This authorization is in effect from \_\_\_\_\_ to \_\_\_\_\_

I acknowledge that information to be released may include material concerning drug and alcohol abuse and mental health treatment, which is protected by federal law. My signature below authorizes release of all the above noted information. I understand that I may revoke this consent at any time and that upon fulfillment of the above stated purpose(s), this consent will automatically expire without my express revocation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name