

One to One Counseling & Consulting, PLLC

RELEASE OF INFORMATION

Person of Service: _____ Record #: _____

Insurance # (if applicable): _____ Date of Birth _____

I, _____ (client or legal guardian), hereby authorize
(name & contact) _____

(Please Check) to release to receive

Specified information for _____ (person of service) to/from
One to One Counseling & Consulting, PLLC.

Please put your initials & the date after all of the information you authorize to be released/ received:

	<i>Initials</i>	<i>Date</i>
Summary of Evaluation & Treatment	_____	_____
Service Plan	_____	_____
Admission Assessment	_____	_____
Discharge Summary	_____	_____
School Information	_____	_____
Verbal Communication County Agencies	_____	_____
Other _____	_____	_____

My right of confidentiality has been explained to me, and I understand the information to be released, the purpose of the release, and the statutes and regulations protecting my confidentiality. I understand that I may revoke this consent at any time, either verbally or in writing except where releases of information based upon this consent have already occurred.

This consent will automatically expire on _____ or not to exceed 12 months or 90 days after discharge from services, whichever comes first. I may request a copy of this signed authorization. One to One Counseling & Consulting, PLLC will provide treatment to me whether or not I sign this release.

Person of Service Signature Date

Guardian (Relationship to Person Served) Date

Co/Therapist Title Date

Co/Therapist Title Date