

HELPING OTHERS HEAL

COUNSELING TO RESTORE LOVE AND WHOLENESS

Client Release of Information Form:

I hereby authorize **Adrian S. Turner, M.A., Licensed Marriage and Family Therapist**, to disclose the following information to the person(s) identified below:

Name: _____ Relationship: _____

Address & Phone Number: _____

Name: _____ Relationship: _____

Address & Phone Number: _____

Name: _____ Relationship: _____

Address & Phone Number: _____

Information to be released or exchanged (please check all that apply):

____ Intake and history ____ Treatment progress

____ Diagnosis/Treatment plan ____ Discharge Summary

____ Verbal consultation ____ Billing and payment

____ Other (please specify): _____

This release shall be valid for one year from the date signed unless revoked by the client.

Client signature: _____

Date: _____

Therapist signature: _____

Date: _____