



RELEASE OF INFORMATION FORM

I, _____, give Advance Counseling Services permission to release my/my child's information for continuity of care to the following:

Pastor/Priest/Rabbi/Minister, etc. _____

Spouse _____

Physician _____

Courts _____

Family Member (Name) _____

Friend (Name) _____

Lawyer (Name) _____

Psychiatrist (Name) _____

Other Therapist (Name) _____

School/Teacher (Name) _____

Employer _____

Other (Name) _____

This is for my/my child's continuity of care to help me/them achieve my/their goals in therapy and to provide information that will accomplish this.

I release Advance Counseling Services from any liabilities that may result in the release of this information, and will not hold such/them responsible for any results that may occur from the release of my/their information.

I, _____, decline the release of information to any party at this time.

Signature _____ Date _____

Witness _____ Date _____

Release of information Form