Brittany L. Collins Ph.D., LPCC (OH, KY), LPC-S (MO), LPC (TX), NCC
Office: (937) 952-2577
E-Mail: brittany@developingmellc.com

Developing ME!
— counseling & consulting —

AUTHORIZATION TO RELEASE/EXCHANGE CONFIDENTIAL INFORMATION

This form is used for the release of confidential information and communication provided to and from Dr. Brittany L. Collins D.B.A. Developing ME! Coaching & Consulting LLC by other individuals or agencies.

I _____ authorize release of information from Dr. Brittany L. Collins D.B.A. Developing ME! Counseling, & Consulting, LLC:

_____ release to:
_____ obtain from:
_____ exchange with:
_____
_____
_____

the following information pertaining to myself:
_____ treatment summary
_____ history/intake
_____ diagnosis
_____ medication history
_____ dates of treatment attendance
_____ other (specify) _____

for the purpose of:
_____ evaluation/assessment and/or coordinating treatment efforts
_____ other (specify)_____

This consent will automatically expire one (1) year after the date of my signature as it appears below, or on the following earlier date, condition, or event:

_____.

I understand I have the right to refuse to sign this form, and that I may revoke my consent at any time (except to the extent that the information has already been released).

_____ Date of Birth: _____
Signature of Client Date

_____ Date of Birth: _____
Signature of Parent/Legal Guardian Date