

AUTHORIZATION TO RELEASE/EXCHANGE CONFIDENTIAL INFORMATION

This form is used for the release of confidential information and communication provided to Developing ME! Coaching & Consulting LLC by other individuals or agencies.

I _____ authorize release of information from
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).

Signature of Client

Date

Date of Birth: _____

Signature of Parent/Legal Guardian

Date

Date of Birth: _____