



AUTHORIZATION FOR RELEASE OF INFORMATION

I/We: _____

Residing at: _____

Authorize: _____

To release to and/or from: _____

For the following information: _____

For the following reason(s): _____

I understand that my records are protected under Federal and specific State confidentiality laws and cannot be disclosed without my written consent unless otherwise provided for in the regulations.

I also understand that I may revoke this consent at any time except to the extent that action has already occurred and has been taken in reliance on it, and that in any event this consent expires automatically as described below.

The date, event, or condition upon which this consent expires: _____

I further acknowledge that the information to released was explained to me and this consent is given of my own free will.

Client Name (Custodial Parent / Legal Guardian)

Date

Client Name (Custodial Parent / Legal Guardian)

Date

Betty Rae Koebcke, MFT

Date

