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Information Release Agreement

Client_____

Date of Birth_____

Information:

I give my permission for _____ to obtain and release information about _____ with the following agency or individuals:

_____
Person and/or organization

_____
Address Telephone Number

Confidentiality:

The clinician will notify the client any time information is sought from or by another individual or agency, and will request only that information felt to be essential for best client treatment. This release is valid for one year from date of request.

_____
Client (Parent or Guardian)

_____
Date of Request

_____
Therapist

_____
Date