

**Authorization for
Release of Information**

I, _____ (Date of Birth) ____/____/____
(Name of Client)

hereby authorize: _____
(Name and Address of Organization and/or Person to Release the Information)

to disclose, when requested to do so by Breathtaking Holistic Counseling Services any and all information concerning myself with respect to any illness or injury, medical history, prescription or treatment, legal history, counseling or consultation, or psychological testing and evaluation, and written copies of any medical, counseling, or social service records.

I further authorize Breathtaking Holistic Counseling Services to make disclosures to the above named provider about my care.

I understand that the provision of services to me by Breathtaking Holistic Counseling Services may not be and is not contingent upon my signing a Release of Information such as this one.

I understand that I may refuse to sign this authorization.

The purpose of the disclosure of such information is to facilitate my treatment, coordinate treatment services with the above named provider, and/or allow Breathtaking Holistic Counseling Services to obtain additional information regarding my treatment history.

I understand that I may revoke this authorization at any time in writing, except to the extent that action has already been taken in reliance upon the authorization.

This authorization is fully understood by me and is made voluntarily.

This document will automatically be null and void 60 days after termination of treatment with Breathtaking Holistic Counseling Services.

A photostatic copy of this authorization shall be considered as effective and valid as the original.

I understand that Breathtaking Holistic Counseling Services will keep information disclosed to it confidential and will only make a disclosure as authorized by me or required by law. I understand that information I authorize Breathtaking Holistic Counseling Services to disclose to another could be subject to re-disclosure by that person or entity.

Date

Signature of Client

Client has accepted/refused a copy of this document.