

**EMPOWERED AND AUTHENTIC LIVING, LLC**  
**CONSENT FOR RELEASE OF INFORMATION**

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

authorize Empowered And Authentic Living to:

\_\_\_\_\_ RELEASE TO: \_\_\_\_\_ RECEIVE FROM:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

THE FOLLOWING INFORMATION:

\_\_\_\_\_ Case Progress Attendance Progress Notes

\_\_\_\_\_ Psychological Reports

\_\_\_\_\_ Treatment Recommendations

\_\_\_\_\_ Diagnosis and Diagnostic Impressions

AND/OR \_\_\_\_\_

FOR THE PURPOSE OF:

\_\_\_\_\_ Coordination of Services

\_\_\_\_\_ Treatment Recommendations

\_\_\_\_\_ Attendance Compliance

AND/OR \_\_\_\_\_

I understand that my authorization will remain effective from the date of my signature until \_\_\_\_\_, and the information will be handled in compliance with all confidentiality laws, and that I may revoke the authorization at any time by written, dated communication.

\_\_\_\_\_  
Client's Signature Date

\_\_\_\_\_  
Parent's signature if client is under 18 Date

\_\_\_\_\_  
Witness Date