



**EMPOWERED &
AUTHENTIC LIVING**
Bridging Psychology & Spirituality

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