

Client #: \_\_\_\_\_

### Authorization to Release Information

I, \_\_\_\_\_  
Client's Name AND Parent/Guardian's Name (if client is a minor)

hereby authorize \_\_\_\_\_ Paul L Johnson, M.Ed., LMFT, LPC, NCC \_\_\_\_\_  
Counselor's name and credentials

of LifePractical to furnish information on any medical testing, evaluation, counseling, or psychiatric treatment that I have received to

\_\_\_\_\_  
Name of physician, counselor, psychiatrist, psychologist, social worker, or other; and name of agency

I also authorize \_\_\_\_\_  
Name of physician, counselor, psychiatrist, psychologist, social worker, or other; and name of agency

to furnish information on any medical testing, evaluation, counseling, or psychiatric treatment that I have received to \_\_\_\_\_ Paul L Johnson, M.Ed., LMFT, LPC, NCC \_\_\_\_ of LifePractical.  
Counselor's name and credentials

The purpose/need for this disclosure is: \_\_\_\_\_

This consent may be ended at any time by the client, but ending the consent will not cancel any action that has already been taken as allowed by this form. Unless the client wishes to cancel the consent at an earlier time, it will automatically stop upon the date and/or event and/or condition indicated below:

a. Date: \_\_\_\_\_ December 31, 2016 \_\_\_\_\_

b. Event or Condition: \_\_\_\_\_

It is understood that the duration of this consent will not be longer than would be necessary and reasonable to carry out the purpose for which it is given.

Client Signature OR Parent/Guardian Signature (if client is a minor) \_\_\_\_\_ Date \_\_\_\_\_

Client Street Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Client Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

(This form meets the requirements of Federal Regulations 42 CFR, Part 2)

**Note to the party receiving requested information:** This information has been disclosed to you from records whose confidentiality is protected by Federal Laws which prohibits you from making any further disclosures of information without the specific written consent of the person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.