

FREEDOM COUNSELING CENTER INC.

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PERMISSION FOR RELEASE OF INFORMATION

I, _____ HEREBY AUTHORIZE **FREEDOM COUNSELING CENTER**
TO DISCLOSE THE FOLLOWING INFORMATION TO: _____

REGARDING (MY NAME) _____
(MY MINOR CHILDREN) _____

TYPE OF INFORMATION TO BE RELEASED:

- CLOSING OR DISCHARGE SUMMARY
- TESTING/EVALUATION
- EDUCATIONAL ASSESSMENT
- OTHER (SPECIFY) _____
- INTAKE SUMMARY
- PROGRESS NOTES
- PSYCHIATRIC EVALUATION

PURPOSE FOR THE DISCLOSURE: TO FACILITATE & COORDINATE EVALUATION &/OR TREATMENT SERVICES.

I ALSO AUTHORIZE FREEDOM COUNSELING CENTER TO, VERBALLY OR IN WRITING, COMMUNICATE TO THE ABOVE NAMED PERSON OR AGENCY IN BEHALF OF MY TREATMENT OR THE TREATMENT OF MY FAMILY.

CLIENT SIGNATURE DATE

RELATIVE OR RESPONSIBLE PARTY SIGNATURE FOR CLIENT DATE

WITNESS RELATIONSHIP OR RESPONSIBILITY

THIS CONSENT IS SUBJECT TO REVOCATION AT ANY TIME EXCEPT TO THE EXTENT THAT THE PROGRAM WHICH IS TO MAKE THE DISCLOSURE HAS ALREADY TAKEN ACTION IN RELIANCE ON IT. IF NOT PREVIOUSLY REVOKED, THIS CONSENT WILL EXPIRE WITHIN ONE YEAR.