THE THUSONG
A Place of Help

Authorization For Release of Information

I authorize _____ to release
(Therapist/Facility)

_____
(State specific nature of information to be disclosed)

about _____ to
(Client's Name)

_____
(Receiving person and institution/agency/organization)

_____
(Address)

for the purpose of _____

_____

_____

This consent is valid until _____

I understand that I may revoke this consent at any time and that the above-named person authorized to receive this information has the right to inspect and copy the information to be disclosed.

It has been explained to me that if I refuse to consent to the release of information, the following are the consequences (specify, if any):

_____

_____ _____
Signature Date

_____ _____
Witness Date