

PRACTICAL CHRISTIAN COUNSELING

Authorization for Release of Confidential Information

In consideration for furnishing the designated information to the person or organization named below, I hereby release and agree to indemnify Practical Christian Counseling and Scott Wiley, MS, LPC, its agents, and employees from all liability, damages, and costs arising from the acts or omissions of other persons or organizations.

I, _____
Print Name Date of Birth

Authorize Rev. Scott Wiley, MS, LPC, to

_____ disclose information to
_____ obtain information from
_____ exchange information with _____
Name of Person or Agency

Address, Phone and Fax Number

Regarding _____ myself
_____ my son/daughter _____
Name Date of Birth

The information to be disclosed is

_____ Discharge/Treatment Summary _____ Diagnostic Impressions
_____ Progress Notes _____ Chemical Dependency Evaluation
_____ Academic Records _____ Medical History
_____ Psychological Testing and Reports _____ Other

The purpose of this disclosure is _____

I understand that I may revoke this consent at any time by written notice. Without an expressed revocation (unless information has been released), it will expire after 12 months from the date of my signature. I also understand that Rev. Scott Wiley, MS, LPC only releases records created by him.

Signature of Client, Parent, or Guardian

Date

Signature of Witness