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## Release of Information

I, \_\_\_\_\_, hereby authorize **Julie Christman, LPC** at **New Horizons Counseling Center, L.L.C.** to release information pertaining to my counseling sessions to:

\_\_\_\_\_  
(Name and address of primary care physician or others to whom information is to be released.)

for the purpose of: \_\_\_\_\_  
(Indicate the specific reason.)

### Information to be Released

\_\_\_\_\_ No limitation, any information may be released to the party above.

\_\_\_\_\_ Yes, limit the information released to: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ No, I do not grant release to outside parties at this time.

\_\_\_\_\_ I understand that authorization shall remain valid until it is revoked by the client.

\_\_\_\_\_ I have been informed that I may revoke this authorization by written or oral communication to **Julie Christman, LPC** at **New Horizons Counseling Center, L.L.C.** I certify that this form has been fully explained to me and that I understand its contents.

\_\_\_\_\_  
Signature of Client Date of Authorization

\_\_\_\_\_  
Signature of Guardian Date of Authorization

\_\_\_\_\_  
Signature of Witness Date of Authorization

Client Name: \_\_\_\_\_