2621 Dryden Rd
Suite 300
Moraine, OH 45439
937-999-9677
Meredith@AtriumTherapy.com

Authorization to Release Confidential Information

Name of client: _____ Date of birth: _____

I understand that my records contain information about my/my child's counseling sessions and mental health. I understand that all of my records are protected by state and federal laws that require they be kept confidential and require my written consent to disclose. NOTE: It is strongly recommended that you release the **least** amount of information necessary to meet your intended goals.

I, _____, hereby authorize the following disclosures (Select any/all that apply):

☐ Meredith L.T. Montgomery, M.S.Ed., LPCC-S to disclose to _____
for the sole purpose of: _____.
(this option means you are releasing the counselor to *share information with* the third party indicated)

☐ _____ to disclose to Meredith L.T. Montgomery, M.S.Ed., LPCC-S
for the sole purpose of: _____.
(this option means you are allowing the counseling to *receive information from* the third party indicated)

☐ OPTIONAL - I request that the following information be excluded/not shared (circle all that apply):
Intake Forms Treatment plan Diagnosis Progress Notes

I understand that I have the right to revoke this release at any time by notifying the counselor in writing. This release will expire on _____ or 90 days from the date this form was signed.

I have been informed and understand this authorization to release records and information, the nature of listed content that I am willing to release, and the implications of their release. This request is voluntary.

_____	_____	_____
Signature of client	Printed name	Date
_____	_____	_____
Signature of parent/guardian	Printed name	Date

I witnessed that the person understood the content of this authorization and freely gave his or her consent, but was physically unable to provide a signature.

_____	_____	_____
Signature of witness	Printed name	Date

❑ Copy for client or parent/guardian ❑ Copy for professional/clinic ❑ Copy for family member

Once signed, this document becomes part of the confidential client record.