



## Release of Information

I, \_\_\_\_\_, hereby authorize Carolina Behavioral Counseling  
(Printed Name of Client)

to release the following information:

(Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Diagnosis                   | <input type="checkbox"/> Progress notes         |
| <input type="checkbox"/> Appointment dates and times | <input type="checkbox"/> Treatment plan         |
| <input type="checkbox"/> Initial assessment notes    | <input type="checkbox"/> Other (specify): _____ |

to the following party:

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

Company (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address (if applicable): \_\_\_\_\_

for the following purposes:

- |   |   |
|---|---|
| <input type="checkbox"/> Involvement in treatment | <input type="checkbox"/> Notice of services     |
| <input type="checkbox"/> Coordination of care     | <input type="checkbox"/> Other (specify): _____ |

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Samantha Brenner, LPCA