

Jared Crouse Counseling PLLC

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Authorization for the Release of Information Form

I, _____ understand that a professional counselor has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow a professional counselor to release some of my personal information to certain individuals or agencies.

I authorize **Jared Crouse Counseling PLLC** and the agency or individual named below to release to each other any or all medical, psychological or educational information they may have pertaining to my case or to the case of the client named below.

Person or agency: _____

Address: _____

I understand: That I do not have to sign a release form. Signing a release form is completely voluntary. That this release is limited to what I write above. That releasing information about me could give another agency or person information about my location and would confirm that I have been receiving services from Jared Crouse Counseling PLLC., that Jared Crouse Counseling PLLC and I may not be able to control what happens to my information once it has been released to the above person or agency, and that the agency or person getting my information may be required by law or practice to share it with others.

I understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time in writing.

Client Name: _____ Date: _____

Client Signature: _____ Date: _____

Parent/Guardian: _____ Date: _____