



Deer Valley Counseling

"Skills for Better Living"

Authorization for Release of Confidential Information

I, _____ Date of Birth: _____
(Client's Name and /or Legal Guardian)

hereby authorize Sandra Nettles to release information to and receive information from:

(Person/Organization) (Telephone Number)

(Address)

I understand that the purpose of the disclosure is to comply with my request for Sandra Nettles to disclose information. The information to be disclosed includes –

- All mental health records
- Progress in treatment
- Diagnoses
- Treatment Plan
- Other _____
- Attendance
- Evaluations
- Alcohol and/or drug addiction treatment
- Participation
- Assignment completion

I understand that I may revoke, in writing, this authorization at any time, except to the extent that action has already been taken in reliance on it. I understand that this information may be redisclosed by the recipient named above and at that time would no longer be protected by Deer Valley Counseling. I agree that a photocopy or facsimile of this authorization is as valid as an original. This authorization for release of information will expire one year after the date it was signed.

Date: _____

Printed name of Client

Signature of Client

Printed name of Witness

Signature of Witness

Printed name of Parent/Guardian

Signature of Parent/Guardian