

COUNSELING SERVICES—AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

Client Name	Client Name
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I have received and reviewed Brian Armstrong's *Notice of Privacy Practices*.

I understand that by signing this General Authorization I am authorizing Brian Armstrong, LCSW to disclose my health information to the persons and entities listed below and that any health information or other confidential information in the possession of the persons, classes of person(s) and entities listed below may be disclosed to Brian Armstrong, LCSW. My health information includes, without limitation, any records, reports, test results, opinions, assessments and any other information relating to medical, emotional, educational or psychological condition. Disclosure may also be made to describe my condition and progress and to discuss treatment.

I understand that I may revoke this authorization at any time by sending a written notice of revocation to Brian Armstrong, LCSW at the office where I am receiving counseling. I understand that my revocation of this *General Authorization* will not affect a disclosure that Brian Armstrong, LCSW has already made under this authorization.

I understand that information used or disclosed under this authorization may be subject to re-disclosure by the recipient, and may no longer be protected by the contained confidentiality rules.

I waive any right of privacy that I may have in connection with the disclosures hereby authorized.

This authorization is only valid until _____ [fill in date], or until three months after my file is closed with Brian Armstrong, LCSW.

Insurance Company Name	Address	Client's Initials
Bishop	Address	Client's Initials
Name	Address	Client's Initials
Name	Address	Client's Initials
Name	Address	Client's Initials
Name	Address	Client's Initials
Name	Address	Client's Initials

Signatures			
Client's signature	Date	Client's signature	Date
Name of parent or guardian (if client is under 18)	Date	Name of parent or guardian (if client is under 18)	Date
Signature of parent or guardian (if client is under 18)	Date	Signature of parent or guardian (if client is under 18)	Date
Witness	Date	Witness	Date