



AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

I (Full Name printed) _____

authorize Jamie Clear Counseling + Coaching to : ___ release to:
 ___ obtain from:
 ___ exchange with:

(Name) _____

(Contact Info) _____

the following information pertaining to myself:

for the purpose of:

___ evaluation/assessment and/or coordinating treatment efforts
___ other (specify _____)

This consent will automatically expire one (1) year after the date of my signature as it appears below,
or on the following earlier date, condition, or event

I understand I have the right to refuse to sign this form, and that I may revoke my consent at any
time (except to the extent that the information has already been released).

Client Signature Date

Counselor Signature Date