

Mosaics Counseling
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CONFIDENTIAL RELEASE OF INFORMATION

I, _____, give permission to _____

of Mosaics Counseling to release or exchange information regarding

(Myself or Minor)

to/with _____ at
(Name)

(Place of Business or Address)

(Client Signature)

(Date)

(Witness Signature)

(Date)

This release is valid for _____ from the above date (One year maximum before a new release form is signed).

By signing this document I understand that I may only revoke this form by notifying, in writing, the person, department or office authorized by this form to release information. I further understand that, after one year from this date, I will need to sign a new release form should I wish to continue to authorize the release of information.