

Desert Sage Counseling LLC

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

TO: _____

ADDRESS: _____

_____ PHONE NUMBER: _____

In order to provide comprehensive service to me, Desert Sage Counseling has granted me permission to receive from you and provide to you one of the following as initialed by me:

_____ Any and all necessary information pertinent to my past or present involvement with you and/or your organization.

_____ The following information listed specifically below:

I understand that this information will be shared confidentially and will pertain only to pertinent areas of concern.

This consent will expire on _____, or upon my termination from services at Desert Sage Counseling. I may also revoke this consent at any time by written request.

Client's Name (Print)

Client's Signature

_____ Witnessed by: _____

Date

Signature of Witness