

Authorization to Disclose Information

I, _____, authorize Jack Childers,
LPC to disclose information about me to:

Name: _____

Contact Information: _____

Information I want shared: _____

Information I do NOT want shared: _____

This authorization expires in one year unless stated otherwise

here: _____

Some things to be aware of:

1. I have no control over how privately the person or organization I give information about you keeps that information.
2. You are under no obligation to sign this form. Your ability to receive counseling from me will not be affected either way.
3. You may revoke this authorization for any reason at any time, simply by letting me know you wish to revoke it.

Client Signature _____ Date _____