



## Consent to Release Information

I, \_\_\_\_\_ authorize Revive Counselling Services,  
Name of Client

specifically \_\_\_\_\_ to release / disclose  
Name of Counsellor

- Written Records
- Verbal Summary of Records (check one or both)

to and from: \_\_\_\_\_, \_\_\_\_\_  
Name of Person Name of Organization

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

I specifically consent only to the release of information or records pertaining to:

\_\_\_\_\_

\_\_\_\_\_

Specify nature, reason for, and extent of information to be released

I understand that I may revoke this consent to release information at any time through written notification to Natalie Dressler at Revive Counselling Services. Unless I revoke this authorization prior to such time, this authorization to release information shall expire when:

\_\_\_\_\_

State date, event, or condition of expiration

\_\_\_\_\_

Client Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Witness

\_\_\_\_\_

Date