Finding Peace Professional Counseling Services, LLC

4300 Bayou Blvd, Ste. 31B
Pensacola, FL 32503
Phone (850)471-1234 Fax (850)478-1234

AUTHORIZATION TO OBTAIN OR RELEASE INFORMATION
(please print)

Client Name:_____ Date :_____

Date of Birth:_____ Parent/Guardian:_____

I, _____authorize Finding Peace Professional Counseling Services and specifically Michelle Woods Smith, Lauren Fain and/or Magali Posey to release and request verbal information to/from the following agency and or person:

I, _____authorize Finding Peace Professional Counseling Services and specifically Michelle Woods Smith, Lauren Fain and/or Magali Posey to release and request written information to/from the following agency and or person:

Name of agency and or person to release and receive information:

_____

_____

Address: _____

_____

_____

Authorization to release written and verbal information as specified by checking boxes below:

___Diagnosis	___Treatment Plan	___Progress Notes
___Prognosis	___Medications	___Biopsychosocial history
___Psychological Testing	___Psychiatric Interventions	___Mental Health Status
___Billing purposes	___Educational Records	

I understand that I may revoke this release at any time by sending a request in writing to Finding Peace Professional Counseling Services except for actions already taken in my behalf based on this authorization. This consent will expire one year from _____unless otherwise noted.

_____ _____
Signature Date

_____ _____
Witness Date