



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 Amy Van Beekum 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