## BELIEVING IN KIDS & FAMILIES COUNSELING SERVICES

## SUE E. COFFEY LICENSED CLINICAL SOCIAL WORKER

## **AUTHORIZATION TO RELEASE/REQUEST INFORMATION**

Believing in Kids & Families, LLC is hereby authorized to ( ) release/( ) request information contained in the client record of:		
	Client's Name	Date of Birth
Please (	) release information to/ ( )	request information from:
	(Name, address, and pho	ne number of person, agency, school, institution)
( ) Psy ( ) Psy ( ) Edi ( ) Dia ( ) IEF ( ) Dis ( ) Ind ( ) Oth	owing information is authorized for ychiatric evaluations ychological assessments ucational/Learning/Language Assegnostic Evaluations/Assessments o's/Special Education Plan scharge Summaries ividual/Group Progress nerasse/request of this information is	( ) Medical history/physical exams ( ) Psychosocial assessments essments ( ) Progress Reports ( ) Treatment Plans ( ) Other ( ) Other
by written	consent.	it any further disclosure of this information unless expressly permitted
	ent is voluntary and is valid for a period r voked at any time by written notice or by a	not to exceed 60 days following termination of services. The consent change in guardianship or custody.
The follow information		above parties from any liability, which may result from providing this
	acknowledge that I have received the eto this authorization to request/release	Notice of Privacy Rights from my therapist and understand how e information.
		through//
	Signature of Client	Time-frame valid for
_	Signature of Parent/Guardi	
	Cignoture of Darant/O	
	Signature of Parent/Guardi	an i ime-irame valid for
	Signature of Witness	/through// Time-frame valid for