



A Season for All Counseling
1850 Gates Kingman, AZ 86401
www.aseasonforallcounseling.com

CONSENT FOR RELEASE OF INFORMATION

I, _____ do consent and authorize [A Season for All Counseling] and [any staff members]to:

Release all records of my (or my dependent's) counseling or other work done by [A Season for All Counseling] to _____

Obtain all records of my (or my dependent's) counseling or other work done by (A Season for All Counseling)

These records are to be sent to [A Season for all Counseling 1850 Gates Kingman, AZ 86401], in care of (Jamie Hicks)

Exchange all records

as may be necessary between [A Season for All Counseling] and [any staff member] for the best interest of my (or my dependent's) goals in counseling or other work.

This consent is valid and is to be acted on upon receipt of this form regarding the records of:

This consent will terminate without express written revocation by the client named herein one year from date signed.

Client/Guardian Signature _____ Date _____

Client Address _____

Client Birth Date _____

Signature of Staff Member _____ Date _____

NOTE: Federal regulations require ALL blanks to be filled in, including date, event, or condition that terminates consent for release of confidential client information.