

Authorization for Release of Information

I authorize the release of information and two-way communication between Heather Bobo, LPC and _____ of _____.

I understand that my signature below allows both parties to share medical and/or personal information that pertains to _____. I also understand that I may retract this authorization at any time, in writing. It is my responsibility to give each party a written notice stating this retraction.

Signature of client or parent/guardian

Date

Printed name of client

Date

Printed name of parent/guardian (if client is a minor)

Date