

Fern Counselling Authorization for Release of Information

Statement

I, _____, authorize **Clara Sitar** of **Fern Counselling** to disclose personal and confidential information about me to _____ or to the appropriate staff person of _____ for the purpose of _____.

Details

I permit Clara to disclose general information ____

I permit Clara to disclose specific information (describe)

Please, do NOT disclose _____

Please, be vague ____ OR feel free to openly disclose what is necessary ____.

I understand that non-pertinent information about me will ever be shared, regardless of the level of permission I give Clara. ____ (initial)

Expiration

This permission expires on _____ or 6 months after the date this document was signed.

Signature & Witness

Signature _____

Date _____

Witness Name & Signature _____