**Authorization for Release of Information**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize Brave Life Pastoral Counseling, LLC to exchange information with: *(please name specific people or entities that can be spoken with)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I am choosing to release this information to these entities for the following purpose:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I authorize full disclosure regarding my counseling case to the aforementioned entities; however, I ask that the following information remain undisclosed: *(please write any information that you’d like to remain private and confidential)*

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I understand that my permission to disclose information is voluntary and that I do have the right to decline my permission. I also understand that I have a right to view or copy the information to be disclosed. I understand that it is possible that this information could be re-disclosed by the party to whom this information is released.

This authorization is valid for one year from the date of the signature below unless I choose to revoke it at an earlier date in writing.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature of Client*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature of Parent/Guardian if client is a minor*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Date*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature of counselor*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Date*