

Hope's Road Counseling Services
44 N. 9th Street, Suite 201
Noblesville, IN 46060
317-565-7149

Authorization for Release of Information

Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

I/we voluntarily authorize Steph Troyer Williams, counselor at Hope's Road to exchange the following information to assist in treatment received at Hope's Road Counseling Services.

Information to be disclosed: (mark all that apply)

Treatment Summaries/Diagnosis

Assessment Findings

Case History Information

Impressions

Recommendations

Termination Summary

Medications

Other: _____

I authorize Hope's Road Counseling Services to exchange information with the following:

Name/Title: _____

Agency: _____

Address: _____

Phone: _____ Fax: _____

I understand that I may revoke this authorization at any time except to the extent that action has been taken based upon it.

Information will be released: Verbally Photocopy Faxed Email Other

Client Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Witness: _____ Date: _____