



RELEASE FORM FOR COUNSELING OF A MINOR

Date _____ Name of
minor _____
Name or title of the person (Managing Conservatorship) or organization that is releasing this minor for counseling:
Name _____
Address _____
City _____ State _____ Zip _____
Phone numbers – Home _____ Work _____

I understand that I may revoke this release for counseling at any time, and that I must do so in writing.

Party responsible for payment of fees:
Name _____
Address _____
City _____ State _____ Zip _____
Phone numbers – Home _____ Work _____

Information being released by:
Family Concern Counseling, 2004 Valparaiso Street, Valparaiso, Indiana 46383
I (We) hereby authorize Family Concern Counseling to exchange the following information
_____ (Description of information to be released)

- With the following person(s) or organization.
- (1) Counselor _____
 - (2) Physician _____
 - (3) Psychologist _____
 - (4) School _____
 - (5) Guardian _____

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____

NAME OF CLIENT _____ Age _____

The purpose of this exchange or disclosure of information is: (Exchange will not be made without complete information)

I understand that I may revoke this release at any time, except to the extent that the practice has taken action in reliance of the consent. Such revocation must be in writing and submitted to the office manager in person, by US mail or e-mail. The consent is valid until revoked; otherwise it will expire on the following date or event _____ (unless otherwise noted 60 days from issue date.) Please be advised this authorization does not protect the information from being disclosed by the recipient.

Signature of Managing Conservator Date

Signature of Conservator Date