

**Willows Edge Counseling & Healing Arts Center**

2B S. Washington St. • Oxford, MI 48371  
Phone: 248.834.0614 • Fax: 248.234.6253  
[www.WillowsEdgeCounseling@gmail.com](mailto:www.WillowsEdgeCounseling@gmail.com)

**CLIENT INFORMATION RELEASE AUTHORIZATION**

I, \_\_\_\_\_, herby authorize Willows Edge to release information contained in my client records to the individual(s) or organization(s) and only under the condition(s) listed below:

1. Name / title / contact information of person or organization to which disclosure is made:

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

2. Specific type of information to be disclosed:  **EMERGENCY ONLY**

- History       Attendance       Cooperation       Diagnosis  
 Prognosis       Disposition       Other \_\_\_\_\_

3. The purpose or need for such disclosure:

- Client Request       Other \_\_\_\_\_

4. This consent is subject to revocation at any time except to the extent that the program to which is to make the disclosure has already take action in reliance on it. If not previously revoked, this consent will terminate upon:

- a. Date:  \_\_\_\_\_  **CLIENTS DISCHARGE**  
b. Event: **CLIENTS REQUEST**  
c. Condition: **CLIENTS DEMISE**

\_\_\_\_\_  
Client or Parent/ Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date