

Willows Edge Counseling & Healing Arts Center

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CLIENT INFORMATION RELEASE AUTHORIZATION

I, _____, hereby authorize Willows Edge to release information on the children listed below:

- 1. _____ DOB: _____
- 2. _____ DOB: _____
- 3. _____ DOB: _____
- 4. _____ DOB: _____

Information is to be released to:

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

- History Attendance Cooperation Diagnosis
- Prognosis Disposition Other _____

2. The purpose or need for such disclosure:

- Client Request Other _____

3. 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