

Collective Hope Counseling

Release of Information

I understand that Collective Hope Counseling/Christy Bauman has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow Collective Hope Counseling/Christy Bauman to release some of my personal information to certain individuals or agencies.

I, _____, authorize Collective Hope Counseling to share the following specific information with:

Who I want to have my information:

Name/s:

The information may be shared (**circle all that apply**): in person by phone/ by fax/ by mail/ by e-mail.

I understand that electronic mail (e-mail) is not confidential and can be intercepted and read by other people. What info about me will be shared:(List as specifically as possible, for example: name, dates of service, any documents). Please Note: there is a risk that a limited release of information can potentially open up access by others to all of your confidential information held by Collective Hope Counseling.

I understand that I do not have to sign this release form and I do not have to allow Collective Hope Counseling to share my information. Signing a release form is completely voluntary and that this release is limited to what I wrote above. In releasing information about myself it could give another agency or person information about my location and would confirm that I have been receiving services from Collective Hope Counseling. I understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time either orally or in writing.

Client Signature:

Therapist Signature:

Date: