

**AUTHORIZATION & REQUEST FOR RELEASE OF
CONFIDENTIAL INFORMATION AND PRIVILEGED COMMUNICATION**

In accord with my legal right to confidentiality and privileged communication relevant to the services that I have received, I authorize and request:

The disclosure of confidential information between Transition Counseling Services, LLC/Janna Cash Gilner, MA, LPC and the named party below.

Agency/Name: _____

Address: _____
Street City State Zip

Phone Number: _____

- Summary report of services received
- Consultation and/or verbal communication between the above named parties
- Any and all records pertaining to services received
- Other: _____

It is my understanding that this information will be used for _____

This authorization expires _____, unless revoked by me in writing at an earlier time.

I issue this authorization with a knowledge of the contents of the material or communication involved, as checked above. I also understand that there may be consequences to having my information released. I issue this authorization voluntarily and free from duress of undue influence.

In accordance with federal regulations (42 CFR Part 2), which prohibits any further disclosure of this information, except with specific written consent of the person to whom it pertains, redisclosure of this information is prohibited.

I agree to pay a reasonable fee, if any, for the preparation of the materials and hereby hold harmless the above-named practitioners from any liability relevant to the release of the confidential information or privileged communication.

Authorizing Signature _____ Date _____

Authorizing Signature _____ Date _____

Witness Signature _____ Date _____

Name of Client/Family _____

Address _____