

**Northshore Family Counseling, LLC**  
**Release of Information Consent**

I, \_\_\_\_\_, authorize Northshore Family Counseling, LLC to:  
 \_\_\_ (send) \_\_\_ (receive) the following \_\_\_ (to) \_\_\_ (from) the following agencies or people:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> Academic testing results     | <input type="checkbox"/> Psychological testing results |
| <input type="checkbox"/> Behavior programs            | <input type="checkbox"/> Service plans                 |
| <input type="checkbox"/> Case notes                   | <input type="checkbox"/> Summary reports               |
| <input type="checkbox"/> Intelligence testing results | <input type="checkbox"/> Vocational testing results    |
| <input type="checkbox"/> Medical reports              | <input type="checkbox"/> Entire record                 |
| <input type="checkbox"/> Personality profiles         | <input type="checkbox"/> Other (specify) _____         |
| <input type="checkbox"/> Progress reports             | _____  |
| <input type="checkbox"/> Psychological reports        | _____  |

The above information will be used for the following purposes:

- Planning appropriate treatment or program
- Continuing appropriate treatment or program
- Determining eligibility for benefits or program
- Case review
- Updating files
- Other (specify) \_\_\_\_\_

I understand that I may revoke this consent at any time by providing written notice, and after one year this consent automatically expires. I have been informed what information will be given, its purpose, and who will receive the information.

Client's signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Witness (if client is unable to sign): \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Person informing client of rights: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Mail to: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_