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Consent for Release of Information

I (client's name) _____ authorize **Laura Barnhart, LMFT** to release or exchange information (verbally or in writing) for the purposes of general follow-up and treatment coordination with the following individual or agency:

This consent includes the following information pertinent to my counseling and treatment:

(May include: presenting problem, assessment, diagnosis or diagnostic options, progress notes, treatment plan or treatment recommendations.)

This release of information is valid for **one year** from the date below, unless otherwise indicated. It may be revoked verbally or in writing at any time. However, I understand that any release which has occurred prior to my revocation shall not constitute a breach of the right to confidentiality.

This consent expires: _____

I certify that this consent has been signed freely, voluntarily and without coercion.

Please print your name: _____

Your signature: _____ Date: _____

Counselor Signature: _____ Date: _____

A copy of this release form has the same force and effect as the original.