SPANISH RIVER COUNSELING CENTER

2400 Yamato Road * Boca Raton, FL 33431
Phone: (561)241-9014 Fax: (561)994-2263

Authorization to Release or Receive Information

Name of Client: _____

Address: _____

City, State, Zip: _____

Phone: _____

I hereby authorize Spanish River Counseling Center to: ☐ release to ☐receive from

_____ _____
Name of Individual or Organization Phone

_____
Address

_____
City, State, Zip

The nature of the information to be ☐ released ☐received is:

- ☐ Psychological Test Report
- ☐ Counselor's Summary
- ☐ Other _____

The reason for this disclosure is _____

And is effective for a period of _____

I have read and understand the above statements and information and expressly and voluntarily consent to disclosure of the above information to those agencies or persons named. I further release Spanish River Counseling Center and its therapists from any liability arising from the release of this information to such agencies or persons, provided the said release of information is for the intended purposes.

I understand that this consent is subject to revocation by me at any time unless action based upon it has already begun.

_____ _____ _____
Signature Date Witness