

**Fresh Perspectives Counseling**  
2111 Dickson Drive, Suite 22  
Austin Texas 78704  
<http://www.fpcounseling.org>

## Authorization for the Release of Confidential Information

I, \_\_\_\_\_, hereby authorize Fresh Perspectives Counseling to release confidential information.

The information will be released to: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The purpose of this disclosure is:

\_\_\_\_\_  
\_\_\_\_\_

Information to be disclosed: (Circle all that apply)

Dates of Counseling Sessions

Case Notes Content

HIV/AIDAN Information

Alcohol/Drug Usage Information

Other: \_\_\_\_\_

\_\_\_\_\_

Method of releasing information: (Circle all that apply)

In Person

Telephone

Mail

E-mail

Fax

I am signing under the following conditions:

- My judgment is not impaired by emotional duress or any chemicals. I may withdraw this authorization, in writing, at any time. If not withdrawn, this authorization expires (12) twelve months from the date of signing.
- The law provides that information disclosed here may not be re-disclosed without an additional specific consent by the client.

Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_