



Adult Release of Information

Date: _____

I hereby authorize the release of information from Water's Edge Christian Counseling, PLLC pertaining to myself:

Name: _____ DOB: _____

For sessions dating: _____ to _____

Information for release: (What am I allowed to discuss with the party listed?)

I authorize release of this information to: (include name, address, phone)

Signed,

Name: _____ Date: _____

Signature of Counselor: _____ Date: _____

Copy to be given to client at time of release of information

Original to be kept in client file and signed as received by attending counselor.