

CONSENT TO RELEASE INFORMATION

Client's Name: _____ **DOB:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

I do hereby **consent to and authorize ADVANCE, A LICENSED CLINICAL SOCIAL WORKER CORPORATION** to:

(Please circle one or both) **SEND** **RECEIVE**

information to/from the following person or agency:

Name: _____

Relationship: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____

For the purposes of:

The consent is given for the following duration (please choose from the choices below):

1 YEAR or DURATION OF TREATMENT

or Expires on the following date: _____

I understand that I can revoke this consent at any time and that it has to be done in writing.

Client's signature: _____

Today's date: _____