



# WATERSHED

COUNSELING AND CONSULTING

## Consent to Release of Information

I, \_\_\_\_\_, consent for information about my counseling to be released to the person/s listed below, for the following purposes and for the defined period of time. I understand this consent may be revoked by me in writing (email or paper) at any time. I also understand my counselor will not release information he or she deems harmful to me.

Person/s to Whom Information Will be Released:

1. Name: \_\_\_\_\_ Organization: \_\_\_\_\_
2. Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Type/s of Information to Be Released:

- Attendance and participation with counseling (Initials \_\_\_\_\_ )
- Recommendations for support (Initials \_\_\_\_\_ )
- Therapy Information (Initials \_\_\_\_\_ )

Purpose of the Disclosure:

\_\_\_\_\_

End Date: \_\_\_\_\_ (No longer than one year)

Client Signature: \_\_\_\_\_ Minor?  Yes  No

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Watershed Counselor: \_\_\_\_\_