

**Rita Dykstra, LPC
Licensed Professional Counselor
Bright Horizons Counseling, LLC**

**626 Stoneham Court
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970-226-5032**

Ph:

Fax:

Consent for Release of Information

I _____ hereby authorize the exchange of information between Rita Dykstra, LPC and:

Name: _____

Address: _____

Phone: _____

I hereby release all parties herewith from any liability resulting from the release of this information. I agree that a photocopy of this release shall be as valid as the original.

This consent and release of information is for Limited information regarding

Date

Client Signature

DOB

Notice to Recipient: this information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations prohibit you from making any further disclosures of this information except with the specific written consent of the person to

whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

The Client has revoked this authorization_____

Date:_____ Recorded by:
