

AUTHORIZATION TO RELEASE INFORMATION FORM

Client Name: _____

Date of Birth: _____

I hereby authorize Sarah Strohmayer, MA, LPC to (check one or both):

_____ obtain information from the following
_____ release information to the following

Name: _____

Email: _____

Phone: _____

I understand that my authorization will remain effective from the date of my signature until my written request to revoke authorization, and that the information will be handled confidentially in compliance with all applicable federal laws.

I understand that I may see the information that is to be sent, and that I may revoke the authorization at any time by written, dated communication.

I have read and understand the nature of this release.

Client or Parent/Guardian Signature of Minor

Date