



**SAGE HILL
COUNSELING**

RELEASE FORM

RELEASE OF INFORMATION

I, _____, hereby authorize _____ to release information pertaining to my evaluation and/or psychotherapy sessions to _____ for the purpose of (please indicate the specific reason) _____

I understand that authorization shall remain valid from the date of my signature below and for 6 months thereafter ending on _____.

I have been informed that I may revoke this authorization by written or oral communication to my therapist. I certify that this form has been fully explained to me and that I understand its contents.

Signature of Client

Date

Signature of Witness

Date