



**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