



Blue Circle Counseling
 counseling·coaching·consulting
 Kathy Morgan, M.Ed., LPC
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AUTHORIZATION FOR RELEASE OF INFORMATION

Client Name _____ Date of Birth _____

I, _____ hereby grant permission to Kathy Morgan, M.Ed., LPC, to receive from and release to:

Name _____ Position _____

Address _____

Phone Number _____

Email _____

This release is effective from _____ to _____

The purpose of communication is:

_____ Assessment

_____ Treatment

_____ other: _____

List any restrictions:

I understand that I may revoke this consent any time.

Signature _____ Date _____

Relationship to client: _____