



Moscow Counseling, LLC
828 S. Washington St., Suite C
Moscow, ID 83843
Phone: (208) 402-4430

AUTHORIZATION FOR RELEASE OF INFORMATION

Please complete this form if you want your counselor to consult with or discuss your case with a medical doctor, agency, school, psychiatrist, or other professional, as well as to allow your counselor to receive information from other professionals. Complete a separate form for each professional or organization to whom you authorize the release of information in your client file at Moscow Counseling LLC. If you would like another agency or organization to speak with Moscow Counseling LLC about your needs, you must complete a Release of Information for that agency or organization.

In accordance with my legal right to confidentiality and privileged communication relevant to services I have received, I authorize and request:

The disclosure of confidential information from Moscow Counseling LLC

AND/OR

Confidential information to be released by the following professional/agency/organization to Moscow Counseling LLC

Professional/Agency/Organization Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Level of Disclosure (Please choose ONE):

Summary report of services received (minimum disclosure)

Consultation and/or verbal communication between the above-named parties

Any and all records pertaining to services received

Other: Please Specify _____

I understand that this transfer of information is for the purpose of benefitting me or my child in our services at Moscow Counseling LLC. This release of information will be in effect for the duration of my current services at Moscow Counseling LLC with my counselor or will expire one year from the date signed below, whichever occurs first. I may revoke this release at any time by requesting and completing a Release Revocation Form.

Signature of Client/Guardian: _____ **Date:** _____

Instructions to Client: Both your counselor and the outside party you are requesting contact for must have a physical copy of this authorization form before any communication may be made. Please return the original hardcopy to your counselor at Moscow Counseling LLC and provide a copy to the other party. It is also wise to retain a copy for your own records.