



Conscious Choices Release of Information

At times, an important aspect of counseling is coordination with other individuals, community agencies, or insurance companies which may be of future assistance to you and/or your family or with whom you may have worked in the past. Please list below the persons or agencies I may contact:

Please sign and date the following statement of authorization to exchange information:

I/We hereby give consent to Roberta A. Moore, LMFT, to release or receive any information regarding treatment deemed necessary to or from other individuals or service-providing agencies concerning:

Client's Name: _____

This authorization is valid from this date of _____ and until rescinded in writing.

I/We specifically request the following persons or agencies not be contacted:

I/We understand that all information involved will be kept confidential from persons not authorized to view it.

Signed: _____ (Client)

_____ (Therapist)

Date: _____

A photocopy of this authorization shall be considered Valid. Prepared in accordance with Federal Regulation 42CFR.