

RELEASE OF INFORMATION

1) Please allow **verbal** **email** **text** exchange of information about:

between: Bohrer Counseling and Consulting and (list all parties or agencies.)

Client (If minor, legal guardian) *Date* *Teal Bohrer PhD, LPC, CADC III* *Date*

2) Release Chart notes for: _____

To: _____

For the purpose of: _____

Client (If minor, legal guardian) *Date* *Teal Bohrer PhD, LPC, CADC III* *Date*

3) Please release the following records for: _____

To: Bohrer Counseling and Consulting

○ Educational Records From: _____

○ Special Education Record From: _____

○ Medical Records From: _____

○ Psychological Records From: _____

Client (If minor, legal guardian) *Date* *Teal Bohrer PhD, LPC, CADC III* *Date*

The above releases will be allowed for two years from the date of signing after which they will be reviewed and possibly renewed. Permission also may be withdrawn at any time by the client or legal guardian.