ANCHOR COUNSELING & WELLNESS, LLC

Rebecca G. Cowan, PhD, LPC, NCC, DCC

anchorcounselingwellness@gmail.com

anchorcounselingwellness.com

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**RELEASE OF INFORMATION**

This release of information remains **in effect for 12 months** after the date signed.

***Client Information***

|  |  |
| --- | --- |
| Name: | Date of birth: |
| Address: | Phone: |

Please accept this authorization for Dr. Rebecca Cowan to provide information about: (**check relevant)**

* my **attendance in counseling sessions only**
* **information that may help** those listed below work with me
* my attendance **for the purpose of billing only**

The below named person(s) and/or facility is permitted to communicate with Dr. Rebecca Cowan**:**

***Contacted Party***

|  |  |
| --- | --- |
| Name: | Phone number: |
| Address: |  |

|  |  |
| --- | --- |
| Name: | Phone number: |
| Address: |  |

NOTE: This release is subject to revocation by the undersigned at any time except to the extent that action has already been taken in reliance thereon. Revocation must be submitted in writing.

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Client Signature Date