



Consent for Release of Confidential Information

I, \_\_\_\_\_, authorize the exchange of pertinent information between Shy Seaman, M.Ed., LPC & M.O.R.E. Heart & Soul Counseling & Consulting PLLC and \_\_\_\_\_ concerning the treatment of \_\_\_\_\_ (client). I understand that no disclosure of information or records can be made without my written consent unless otherwise provided for in state and federal regulations. Such disclosure is made for the following purpose:

\_\_\_\_\_

Specification of date, event, or condition upon which this consent expires: \_\_\_\_\_

\_\_\_\_\_

Signature of Client or Legal Guardian of Minor Client

\_\_\_\_\_

Date

\_\_\_\_\_

Witness

\_\_\_\_\_

Date