

Company Name Here  
Company Address Here  
Company Phone and Email here

I, \_\_\_\_\_, hereby authorize **THERAPIST NAME HERE** at **COMPANY NAME HERE** to release my client intake and all SOAP notes, in written, email, fax or verbal form, as needed for consistency in my care, to the following professional/s.

The records being released are for the time frame of: **( PUT DATES HERE )**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone/email: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone/email: \_\_\_\_\_

Client Signature: \_\_\_\_\_ date of birth: \_\_\_\_\_

Date: \_\_\_\_\_

I, **CLIENT NAME HERE**, have the right to stop the release of my records at any time with a written request to **COMPANY NAME HERE**.