Karen Epstein, LGPC
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AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I, ______________________________________________, hereby authorize Karen Epstein, LGPC, a professional counselor in private practice at the above location, to release, and exchange information with:

_____________________________________________________________________
(Name of individual(s) and/or agency from whom information is to be obtained)

at (address and/or phone)__________________________________________________________

about myself or my child .

Additionally, I consent to ____________________________________________ sharing,
(Same name of above professional individual or agency)

releasing, and exchanging information with Karen Epstein, LGPC.

The information being released and shared will be used for treatment planning and co-ordination.

I understand that I may revoke this consent at any time except to the extent that action has already been taken on it and that it will expire automatically by _____________________.
(Date of expiration)

__________________________________________ _____________________
Signature of Client/Parent (if client is a minor) Date