



# NWC COUNSELING

COUNSELING INDIVIDUALS COUPLES FAMILIES

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## AUTHORIZATION TO RELEASE/EXCHANGE CONFIDENTIAL INFORMATION

This form cannot be used for the re-release of confidential information provided to **NWC Counseling LLC** by other individuals or agencies. Such requests should be referred to the original individual or agency.

I \_\_\_\_\_ authorize **NWC Counseling LLC** to:

- Release to:                       Obtain from:                       Exchange with:

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The following information pertaining to myself:

- Treatment summary               History/intake                       Diagnosis  
 Psychological test results       Psychiatric evaluation/medication history  
 Dates of treatment attendance    Other (specify) \_\_\_\_\_

For the purpose of:

- Evaluation/assessment and/or coordinating treatment efforts  
 Other (specify) \_\_\_\_\_

This consent will automatically expire one (1) year after the date of my signature as it appears below.

I understand I have the right to refuse to sign this form, and that I may revoke my consent at any time (except to the extent that the information has already been released). The parties agree that this agreement can be electronically signed. The parties agree that the electronic signature appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Counselor

\_\_\_\_\_  
Date