**MICHAEL TODD WILSON, LPC**

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# CONSENT TO RELEASE INFORMATION

I, ______________________________________________, hereby request that Michael Todd Wilson, LPC
(Client's name or parent/guardian)

❑ Release information to ❑ Obtain information from ______________________________________________
(Check one or both if applicable) (Name of person, place or institution you give us permission to contact)

______________________________________________________________________________
(Street address) (City) (State) (Zip)

______________________________________ ______________________________________
(Phone) (Fax)

a report of my diagnosis, treatment, prognosis, and recommendations, as well as other data pertinent to my treatment from __________________________ to the present day. This may be by telephone or in writing.

I do not consent to release the following information (or write "not applicable"): ______________________

______________________________________________________________________________

I understand that I have no obligation whatsoever to disclose the requested information and that I may revoke this consent at any time by informing, in writing, my counselor. I further understand that this authorization is valid for as long as my counselor is involved in my care in any way, or until I revoke this privilege in writing (see below). I understand that these records may include psychological information.

In consideration of this consent, I hereby release the above parties from any legal liability resulting from release of this information.

______________________________________________________ ______________________
**Client Signature (Parent/Guardian signature if under age 18)** **Date**

______________________________________________________
**Printed Name of Above Individual**

______________________________________________________ ______________________
**Witness Signature** **Date**

**PHOTOCOPY OF THIS RELEASE/SIGNATURE IS AS VALID AS THE ORIGINAL SIGNATURE**

****DO NOT sign below this line unless you are revoking a previous Consent To Release Information.**

I, ______________________________________________, hereby REVOKE my consent as stated above.
(Client's name or parent/guardian)

______________________________________________________ ______________________
**Client Signature (Parent/Guardian signature if under age 18)** **Date**